

CHILD ABUSE
VIEWING IT AS A NATIONAL PROBLEM
AND THE CHURCH AS A RESOURCE

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ABSTRACT

This paper deals with Child Abuse - its nature, extent, causes, types of abuse (physical, sexual, emotional, neglect, etc.), weapons used, general characteristics of the abusive parent or guardian, prevention and the therapies which have proved most successful in treating both the abused and the abusive person.

The problem, fast-growing and serious as it is, is by no means germaine to this generation. Ten years ago, an eminent pediatrician, Dr. Henry C. Kempe, became so alarmed at the number of youngsters brought to his clinic with non-accident injuries that he aroused the American Academy of Pediatrics to conduct a symposium on the problem. Out of this symposium came the term, "The Battered Child Syndrome."

Therefore, this paper is an attempt to make people aware of the fact that child abuse is one of the most rapidly growing social problems of our day. Also, that the extent and the seriousness of this problem is fast becoming one of our nation's more severe mental and emotional health problems.

The methods used to develop this dissertation were:

- (1) Extensive reading
- (2) Interviews with social case workers
- (3) Group discussions
- (4) Workshops
- (5) Observations gleaned from 25 years of personally counseling both abusive parents and the children who were emotionally as well as physically scarred by their abusive parents or guardians.

In the field of literature a wide variety of books, articles and periodicals (as indicated in the Bibliograph) were consulted. The authors of these books and articles are recognized as among the most knowledgeable in their disciplines: Psychiatry, psychology, counseling, social work, religion, legislation and crime prevention. They include some pioneers in their field now deceased (Harry Stack Sullivan, for one) to articles published as recently as March of 1975.

Interviews with case workers from both Los Angeles County and Orange County were conducted. Group discussions were held with counseling peers and with fellow students at the School of Theology at Claremont.

The most recent local all-day workshop on the subject held locally was one sponsored in February, 1975, by the North Orange County Child Guidance Center.

Child abuse, like alcoholism, touches every segment of our society. No geographical area, no age group, no national heritage, no religious group is entirely free of this puzzling phenomenon which leaves its scars from

generation to generation as the abused child becomes the child abuser.

Reduction or eradication of this crippling emotional disorder lies in better and more readily available counseling for troubled families; in educating all those who have the opportunity to observe children (teachers, nurses, doctors, social workers) to look for and report suspected cases of child abuse; in supporting legislation such as the recently enacted "Child Abuse Prevention and Treatment Act", and most of all in our churches through an alert, informed and caring clergy.

The churchman or woman would seem, at least on the surface, to have the greatest access to abusive parents, since the vast majority of those whose abuse has brought them to public notice profess to affiliation with some religious group. The clergy would also be most effective in their counseling since the nature of the child abuser tends to be very respectful of church authority and finally, it is to the church that troubled families turn most often and as their first resource for help.

Chapter 1

NATURE

Definition:

Physical abuse of children is the intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of the parent or other caretaker interacting with the child in his/her care, aimed at hurting, injuring or destroying the child.¹

"A Juvenile Court hearing has been set to determine the cause of injuries suffered by an eight month old baby hospitalized for a month with two broken arms, a broken left leg, a fingernail missing from his left hand and body scars. The child's mother said that he fell forward from an upholstered chair and that his arms apparently were caught in the chair."²

Henry J., in speaking of his sixteen month old child, said, "He knows what I mean and understands when I say, 'Come here'. If he doesn't come immediately I go and give him a gentle tug on his ear to remind him to what he is supposed to do." In the hospital it was found that Johnny's ear was lacerated and partially torn from his head.

A newspaper in Orange County headlined a story: "Three Arrested in Tot's Death." The story told of a two year old girl who had been beaten with a belt and held under water in the bathtub until she drowned. Her mother and two Marines were held.³

¹David G. Gil, Violence Against Children (Cambridge: Harvard University Press, 1970), p. 6.

²Los Angeles Times, January 6, (1975), p. 6.

³Daily Pilot, Orange County, (February 22, 1975), p. 1.

Unusual occurrences? Hardly.

According to C. Henry Kempe, M.D., head of the Department of Pediatrics at the University of Colorado, tens of thousands of children suffer abuses every year in the United States alone. So alarmed was he by the large number of non-accident cases admitted to his pediatric clinic that in the early '60's he contacted some eighty District Attorneys throughout the country to try to obtain a more accurate picture of the problem. In 1961 the American Academy of Pediatrics conducted a symposium on Child Abuse under the direction of Dr. Kempe. Out of this symposium came the term, "the battered child syndrome" which is defined as "Any abuse in which physical, and/or emotional injury has been inflicted on a child's health, or life endangered, or where death resulted."⁴

Types of Physical Abuse:

A nation-wide study published in 1970 lists the following general types of injuries sustained by children in non-accident cases:⁵

⁴Ray E. Helfer and Henry C. Kempe, The Battered Child (Chicago: University of Chicago Press, 1968), p. 16.

⁵Ibid., p. 119.

Bruises, welts	67.1%
Abrasions, contusions, lacerations	32.3%
Bone fractures (excluding skull)	10.4%
Burns, scalding	10.1%
Wounds, cuts, punctures	7.9%
Subdural hemorrhage or hematoma	4.6%
Malnutrition (deliberately inflicted)	4.2%
Internal injuries	3.3%
No apparent injuries	3.2%
Brain damage	1.5%
Poisoning	0.9%
Freezing exposure	0.1%
Other injuries	5.4%
Type unknown	2.2%

Instruments of Abuse:

The report describes the manner of inflicting the injuries:
6

Beating with instruments	44.2%
Beating with hands	39.3%
Burning, scalding	9.1%
Kicking	4.0%
Deliberate neglect or exposure	3.8%
Locking in or tying	1.7%
Strangling, suffocating	1.2%
Stabbing, slashing	1.0%
Poisoning	0.9%
Drowning	0.2%
Other manner	9.3%
Manner unknown	13.1%

Percentages on both these tables will not add up to 100 because several children sustained more than one injury and were abused in more than one manner.

Of the injuries sustained, 53.3% were classified as "non-serious"; 36.5% as "serious, but no permanent damage"

⁶Ibid., p. 122.

expected"; 4.6% as "serious, with permanent damage expected"; and 3.4% as "fatal".⁷

These statistics are concerned only with the physical aspects of Child Abuse. They fail to mention a far more serious and often, longer-lasting result of Child Abuse, i.e., the emotional aspect. It is difficult to measure the damage done but most authorities agree that emotional damage occurs in every case.

Some Characteristic Signs of Abuse:

1. Paradox of dress. A freshly-washed, cleanly-dressed injured child brought to the hospital may suggest a "covering up" by the parents. Children accidentally hurt are seldom cleaned up before being rushed for medical attention.

2. Unusual terror on the part of the adults and unusual compliance.

3. Inflicted burns. Burns reflecting force against a heating unit; splash burns inconsistent with a described spill; a "donut" burn on the buttocks indicating immersion with force in hot water. The area of the buttocks touching the cooler porcelain is not burned as badly as the surrounding area.

⁷Ibid., p. 121.

4. Multiple fractures or a fracture revealed by X-rays which could not be anatomically attributable to the described accident.

5. Bruises, marks, or injuries anatomically inconsistent with the described accident.

6. Bruises on more than one surface or plane of the body when there is no evidence of tumbling (as would be suggested by cuts and abrasions on the elbows and knees) or marks showing the imprint of a ring, buckle or other recognizable object.

Sexual Abuse:

Sexual abuse of a child in one's care is not considered as child abuse unless it involves the use of physical force or threats against the child. In these cases the age, relationship and the duration of the abuse must be taken into consideration. The incidence on a national scale is 10.5% of all reported child abuse cases. The adult male is the aggressor 97% of the time with 81.9% being heterosexual cases.⁸

Emotional Abuse:

Although a battered child suffers a certain amount of

⁸ Child Abuse Workshop, North Orange County Child Guidance Center, Charles Day Ph.D. coordinator, Feb. 3, 1975.

emotional trauma in both physical and/or sexual abuse, there are also cases of pure emotional abuse that affect the child in the same manner as physical abuse. For example: Sally.

After delivery, Sally's mother, on the advice of her pediatrician, instituted a rigid, four-hour feeding schedule. Evidently this was not supplying Sally's own needs and she cried a great deal of the time. Her mother handled the constant crying by putting the baby in a room by herself, shutting the door and leaving the house until feeding time. Sally never remembered these events but did recall hearing about them in family talks. When she was three years old her mother went to work, leaving Sally with a succession of sitters until she was school-age. She was never able to talk to her mother about many things that were important to her. She suffered from many psychosomatic illnesses - asthma, migraine, various digestive upsets. Sally had never been abused physically by her parents but the emotional abuse had taken its toll.

When Sally married and was unable to conceive she and her husband decided to adopt. As a mother she was rigid, controlling, demanding conformity to her expectations in eating and general behavior. Failure of the infant to respond satisfactorily was dealt with by severe physical punishment. Even though Sally would not be classified as an abused child, she has all the characteristics of the abused child who becomes the abusive parent.⁹

Some Characteristics of the Abusing Parent or Caretaker:

1. Average age of the female is 26; the male, 30.
2. Males account for 52% of the recorded cases; females for 48%. However, females (mothers) account for 80% of the child homicides, suggesting the possibility that fathers may accept the blame for the mothers in less serious cases or that females are more violently abusive than fathers.

⁹Ray Helfer and Henry C. Kempe.

3. 30% of abusers have more than 12 years of school.
4. 90% " " are employed.
5. 80% " " report being religious.
6. 90% " " are married.
7. 97% " " are registered voters.
8. 8% " " are alcoholic.
9. 2% " " use drugs.
10. 60% " " report being abused themselves as children or witnessing violence in their own upbringing.
11. Abusers break fewer laws than non-abusers.¹⁰

Some Characteristics of the Abused Child:

1. Age

- 85% are under six years.
- 75% are under four years.
- 25% are under one year.
- 15% are under six months.

2. Appearance

Abused children are not generally handicapped and are often reported to be beautiful children.

3. Incidence of premature births of abused child is twice as great among abused children.

Incidence of birth trauma is twice as great among abused children.

Incidence of Cesarean delivery is 10 times greater among children who are abused.

Hypothesis: The health of the mother and/or child following delivery has an important effect on the psychological and emotional rapport between mother and child.

4. The physical appearance of the abused child reminds the parent of "Someone I can't stand" in 85% of the cases.

Mothers of abused children report wearing maternity clothes an average of 57 days sooner than non-abusive mothers.

5. 24% of abused children are named after a parent.

6. 90% of abused children are reported to have been wanted.

7. Abused children are brought in for treatment of somatic complaints which cannot be substantiated by medical

¹⁰Child Abuse Workshop.

examination on an average of three times as often as non-abused children, suggesting that the parents view the child's mis-behavior as having a medical basis rather than admitting they dislike the child or his behavior.¹¹

General Hypothesis of the Abusing Family Constellation:

Abusive parents emphasize good behavior and citizenship, look forward eagerly to having the child with high expectations for it and they want very much for it to "have it better than we did". The parents expect unrealistically good behavior from the child in order to fulfill these expectations and to validate themselves as good citizens and parents.

Thus they are particularly sensitive and over-react to any misbehavior or to any deviancy from their expectations. They tend to be immature themselves and ignorant of age-appropriate child-behaviors and good parenting. They blame the child rather than themselves for any perceived misbehavior or deviancy, and generally deny or rationalize punitive actions toward the child as being "deserved" or, "the only way to teach him a lesson".

Abusive parents also tend to be relative loners with few social friends and organizational involvements and are thus cut off from either learning appropriate child behav-

¹¹Ibid.

iors and parenting skills or from releasing the ordinary tensions and frustrations associated with raising children.

This is suggested by the following:

1. Only 3% of abusers have pets.
2. Only 10% of abusers list their telephone numbers.
3. Little abuse is reported among migrants, in Israel Kibbutzes, or on Japanese communal farms where social interaction is heightened.
4. There is less abuse among divorced women who are forced to rely on babysitters, grandparents or friends to assist with child rearing.
5. Abuse is less in rural vs. metropolitan areas, where one would expect more alienation and less familiarity.¹²

Abuse vs. Neglect:

David G. Gil, M.D., Associate Professor at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, defines Child Abuse as..."the intentional, non-accidental use of force; or the intentional, non-accidental acts of omission on the part of the parent...aimed at hurting, injuring or destroying the child".¹³ In this definition he attempts to reduce

¹²Ibid.

¹³David G. Gil, p. 14.

ambiguity by including all physical force and all acts of omission, which points up one of the great difficulties in establishing a definition that is acceptable by all. Whether to include neglect as always a symptom of abuse is a moot point.

Irving Kaufman considers the causes to be basically the same; he assumes the same type of mistreatment in both cases and feels that the same type of counseling will be useful in both cases.¹⁴

Chesser states: "There is a radical difference in character between cases of neglect and cases of cruelty". He goes on to elaborate on the fact that neglect may be a form of cruelty but it is more often the result of ignorance or extreme poverty. Cruelty, on the other hand, is more related to deep-seated characterological, physiological causes rooted in childhood experiences of abusing parents.¹⁵

Because of the variations in defining child abuse, it is very difficult to obtain an accurate figure as each agency has a distinct idea of what constitutes child abuse and/or neglect. In studying statistics there will be a great range according to the definition of child abuse being used by those collecting the data.

¹⁴Irving Kaufman, "The Contributions of Protective Services," Child Welfare, XXXVI:2 (February, 1957), 71.

¹⁵Eustace Chesser, Cruelty to Children (New York: Philosophical Library, 1952), p. 6.

Regardless of the differences in interpretation, certain cases are definitely child abuse while others are positively child neglect. The "grey" area is a concern but more important than this are the methods and means used to prevent and aid these problems.

The Nature of Child Abuse:

Most societies, in America as well as elsewhere, have not developed absolute cultural taboos against the use of excessive physical force against children by adults. In fact, the use of physical force is even encouraged in specified contexts by many societies, including our own. The Biblical admonition, "Spare the rod and spoil the child"¹⁶ is still widely accepted throughout civilized society. Since children were once considered the property of the parents, the parents had the power of life and death over them. Teachers had, and in many states still have, the right to use physical force against their students for the purpose of teaching them or disciplining them.

Courts under the law still sentence children to corporal punishment. The following news item appeared in a metropolitan newspaper:¹⁷

¹⁶Proverbs 13:24.

¹⁷New York Times -(March 27, 1969).

"Oklahoma City, Oklahoma, March 26, 1969 (UPI) - A judge's decision to let a teen-age law breaker choose between five years in prison or 20 lashes with a belt is being investigated by the F.B.I. The agents questioned District Court Judge Carmon C. Harris Tuesday and have been talking with other court employees involved in the case of Scott Browning Grandstaff, 17, who chose the whipping over prison on December 21. Grandstaff pleaded guilty to charges of possession of stolen goods. He had two suspended charges of burglary on his record when Judge Harris said to him: 'Corporal punishment has gone out of style and probably you never received any at home. This is the reason why you are in this court room'. The boy's mother stood in the judge's chambers as a male relative gave Grandstaff 20 whacks with a belt. The boy's father is an invalid."

Many institutions whose stated function is to rehabilitate children attempt to do so by physical force.

Children throughout history have been mutilated for economic gain or ritualistic objectives. Infanticide was practiced by many societies as a means of population control, to eliminate undesirable children or for sacrificial purposes. Children were also sold as slaves or forced to work under most inhumane conditions.¹⁸ With the passage of time society has become more interested and more aware of the needs and rights of children. However much violence still constitutes a widely sanctioned phenomenon in American society today. This is evident in the several states which have conflicting laws governing the use of physical abuse against children. One law permits teachers to use corporal

¹⁸ Howard James, "Children in Trouble", fifteen articles written in weekend issues of the Christian Science Monitor (March 29, 1969 ff.).

punishment and another law (enacted at the same legislative session) mandated the reporting of physical abuse against children.¹⁹ It is also reflected in the cultural values, traditions and customs and in the actual child-rearing process, all of which uphold the right of parents to use a reasonable amount of physical force in disciplining their children.

Dr. David G. Gil feels that "the marked differences in cultural values, traditions and customs and the legal sanctions concerning the use of physical force in interaction between adults and adults on one hand, and adults and children on the other hand, seemed to have evolved from certain biological realities and their psychological and social concomitants. The physical strength of the adult so far exceeds that of the child that the adult has no need to even imagine being hurt by the child. Thus in regards to survival needs this has never existed for the adult as a compelling need, but it has been a need for survival for the child. This survival factor needs on the part of the child seems to have been less a decisive factor in the evolution of cultural values and sanctions. They remained vague and weak or they did not evolve at all.

¹⁹Dorothy M. Jones, Children Who Need Protection - An Annotated Bibliography (Washington: Government Printing Office, 1970).

"Next, the fact that the child is the biological offspring of the parents tends to allow it to be regarded as their property as well as their responsibility. This meant that the parents had a wide range of rights and discretions in the treatment of their children as well as the task of socializing them. This allocation of the socialization function to the family seems to be a further reason for condoning the use of physical force, since the socializing situation is invariably structured in a manner that bestows dominant status, rights, and power upon the adult and subordinate status and minimal rights upon the child. As these social arrangements are tolerated as 'natural' consequences of biological realities, they tend to become internalized in the personalities of each new generation, with the result that the members of society tend to accept the appropriateness of discretionary use of force toward children by parents as caretakers."²⁰

One may therefore conclude that a certain measure of physical abuse is a fully sanctioned aspect of the current stage of cultural development of American society. There does exist significant differences between various segments of the American population as shall be shown in the paper under the Causes of Child Abuse in regards to what is con-

²⁰David G. Gil, p. 11.

sidered appropriate and what is actually practiced. In spite of such differences it cannot be denied that some measure of violence against children, if not by act, at least by feelings, is patterned into the child-rearing practices of nearly all Americans.

At this point a typology of child abuse cases is needed as a point of reference concerning the matter of definition and the nature of child abuse that has been presented, and for a better understanding of the causes, extent, therapy, and the role of the church:

<u>Locus of Problem</u>	<u>Parent's Ability to Control</u>
Personality System	Not able 1. Psychotic parent 2. Pervasively angry and abusive parent 3. Depressive, passive-aggressive parent 4. Cold, compulsive disciplinarian parent 5. Impulsive but generally adequate parent with marital conflict 6. Parent with identity/role crisis
Family System	
Person-Environment or Family-Environment System	

²¹Serapio R. Zelba, "The Abused Child: Typology for Classification and Treatment," Social Work, XII:1 (January, 1967), 76.

Chapter II

EXTENT

To obtain any type of picture of the extent of child abuse there are many things that must be taken into consideration. It is relatively easy to obtain and read statistics concerning this matter but it must be done with the following points in mind.

1. Because of a difficulty in a common definition of child abuse the number of cases of child neglect must be considered unless the agency reporting their findings states that they regard child neglect as a separate activity.

2. There must be a definite distinction made between the number of reported and the number of actual cases of child abuse. As unfriendly neighbors, divorced spouses and even well-intentioned individuals report many cases that lead to investigation on the police level or by a social agency lead to no arrests or citations, it must be assumed that the accusation was false. On the other hand, many well-intentioned individuals cover up or deny any abuse even though they are acutely aware of the incidence.

3. Until February 3, 1975 when a Federal Law was enacted making it a misdemeanor (\$500 fine or 5 months in jail) for not reporting a case of child abuse, many doctors,

nurses and teachers failed to do so. Their excuses were that they would lose valuable time in court and a nurse could lose her job with the doctor she worked for. Also, in the past, people with some influence in the community or with great wealth could persuade their doctor (who was often a personal friend) not to report the incident.

4. Population densities, e.g., in 1974 there were 59 cases of child abuse per million for the state of California; 312 cases per million in the Los Angeles area and 12 cases per million in Arkansas.¹

5. Economics. Many authorities in the field of child abuse, particularly Dr. David G. Gil, feel that poverty or the lack of adequate income is a dominant factor. Vincent J. Fontana is diametrically opposed to Gil's viewpoint.²

6. Each group making a study tends to emphasize the particular aspect of the reason for their study...education economics, psychology, social work, physical, etc. It is wise to read all sources in order to obtain a balanced view of the extent of the problem as all these agencies see it.

¹Child Abuse Workshop, North Orange County Child Guidance Center, February 3, 1975.

²Vincent J. Fontana, The Maltreated Child (Springfield, IL: Thomas, 1971), p. 11.

7. Ethnic background has some influence as well as does the geographical area of the country and rural vs. city. For instance, 13% of the child abuse cases in California in 1974 were reported in the Fullerton area while little or no abuse was reported among migrants in California during this same period. On the world scale, where social interaction is very high as in the Israeli Kibbutzes and the Japanese communal farms, there were few if any cases reported during 1974.³

The Nationwide Survey Findings:

Central registries in the states and U.S. territories forwarded 9,563 child-abuse reports to the survey during 1967 and 10,931 reports during 1968. Screening these reports against the conceptual definition of physical abuse of children resulted in the elimination of 3,570 reports or 37.33% from the 1967 sample and 4,314 reports, or 39.47% from the 1968 sample. Consequently, the study samples of physically abused children were reduced to 5,993 children for 1967 and 6,617 children for 1968.

The following report lists all reports received by the survey for 1967 and 1968 for each state and territory and

³Child Abuse Workshop.

the rate per 100,000 children under the age of 18. Only cases of actual abuse are listed here.

<u>State</u>	<u>Abuse for 1967</u>	<u>Abuse for 1968</u>	<u>Rate per 100,000 Under 18*</u>
United States	5,993	6,617	9.3
Alabama	38	34	2.5
Alaska	8	10	8.3
Arizona	16	2	0.3
Arkansas	13	17	2.4
California	1,357	1,258	18.5
Colorado	81	67	9.0
Connecticut	77	73	7.1
Delaware	26	13	6.5
Wash., D.C.	27	26	9.2
Florida	26	9	0.4
Georgia	50	55	3.2
Hawaii	60	35	11.6
Idaho	12	2	0.7
Illinois	313	376	9.7
Indiana	94	124	6.7
Iowa	80	132	13.5
Kansas	22	58	7.2
Kentucky	83	34	2.9
Louisiana	24	13	0.8
Maine	9	4	1.1
Maryland	271	324	23.5
Massachusetts	113	114	6.1
Michigan	334	539	16.5
Minnesota	60	95	7.0
Mississippi	17	22	2.3
Missouri	87	54	3.4
Montana	20	8	3.0
Nebraska	7	16	3.1
Nevada	20	31	18.0
New Hampshire	25	20	8.1
New Jersey	59	37	1.5
New Mexico	21	13	3.0
New York	431	574	9.6
North Carolina	89	102	5.5
North Dakota	2	2	0.8

* 1968 only

State	Abuse for 1967	Abuse for 1968	20 Rate per 100,000 Under 18*
Ohio	166	128	3.3
Oklahoma	38	12	1.4
Oregon	58	30	4.4
Pennsylvania	259 +	385	9.9
Rhode Island	0	0	0.0
South Carolina	24	38	3.7
South Dakota	4	0	0.0
Tennessee	75	72	5.2
Texas	987	1,282	31.2
Utah	21	17	3.9
Vermont	4	6	4.0
Virginia	12	35	2.1
Washington	110	81	7.1
West Virginia	41	15	2.4
Wisconsin	186	213	13.7
Wyoming	14	4	3.3

+ Not including Philadelphia

* 1968 Only

Distribution of Sample Cohort by Sample Communities

Sample Community	No.	%	Sample Community	No.	%
Los Angeles, Ca.	231	16.7	DuPage Co., Ill.	2	0.14
San Francisco, Ca.	73	5.29	Columbus, Ohio	11	0.80
St. Louis City	17	1.23	Dayton, Ohio	18	1.30
St. Louis Co.	20	1.45	Summit Co., O.	20	1.45
San Mateo Co., Ca.	17	1.23	Madison, Wisc.	4	0.29
Seattle, Wash.	26	1.88	Worcester Co., Mass.	2	0.14
Okla. City, Okla.	12	0.87	New York City, N.Y.	282	20.43
Multnomah Co., Ore.	2	0.14	Pittsburgh, Pa.	50	3.63
Lubbock, Tex.	13	0.94	Westchester Co. N.Y.	7	0.51
Boise City, Idaho	3	0.22	Prince Geo Co, Md.	14	1.01
Maricopa Co., Ariz.	3	0.22	Baltimore Cty, Md.	162	11.74
Chicago, Ill.	154	11.16	Louisville, Ky.	32	2.32
Detroit, Mich.	96	6.96	Baltimore Co, Md.	9	0.65
Boston, Mass.	42	3.04	Nashville, Tenn.	24	1.74
Cook Co., Ill.	28	2.03	Macon, Ga.	6	0.43
			Total	1,380	
			Total		100.00

No child abuse incidents were reported during 1967 from the following eight communities:
Osage County, Okla.; Taylor County, Texas; Clermont County, Ohio; Fargo, North Dakota; Middlesex County, Connecticut; Wayne County, New York; Palm Beach County, Florida; Fayette County, Kentucky.

The National Clearing House on Child Neglect and Abuse was established in April, 1974. At this time they have not received reports from every state, thus making a national total impossible. From the reports that they do have they estimate that on a national level approximately 15% of the total family units are involved in some form of physical abuse. Their report for the State of California from January, 1974, to September, 1974, was 36,225. Of these figures 30,272 were classified as physical neglect; 4,982 as physical abuse, and 971 as sexual abuse. The total population of California is now in excess of 21,000,000 as compared to the 18,871,000 in 1967 and 19,147,000 in 1968.⁴

⁴Child Abuse Workshop.

Chapter III

CAUSES

The Abusing Parent:

The causes of child abuse come from three different areas.

- A: The Personality System
- B: The Family System
- C: The Person-environment or Family-environment System

A: The Personality System

1. The psychotic parent is a danger to herself(himself) and to the child. The abuse is unpredictable. Infanticide and child homicide most often fall into this category.

2. Pervasively angry and abusive parent. Unfettered expression of general rage and hostility which is part of the childhood-determined personality and character. Personal inadequacy, irresponsibility. Ordinarily, there is no man in the house or if he is present there is a great deal of severe and open marital conflict. In general all the children are abused, particularly those over five years of age.

3. Depressive, passive-aggressive parent. Anger at having to meet the needs of others and at the inability to meet the role expectations of a parent. His/her personality is

that of dependency. Children seem to be competitors for attention. These parents are depressed, unhappy and unresponsive, not certain what they want out of life. Abuse cannot be prevented without separating the abusive parent from the children. The cause, basically, is in the personality structure. The individual lacks adequate development on certain personality functions. The treatment prescribed must be, primarily, individual. Ten percent of child abuse cases are in this category according to the statistics of 1974.¹

4. Cold, compulsive, disciplinarian parent. The abuse arises from the need of the children for closeness and affection. The personality feature of compulsiveness limits his/her ability to meet social demands. Their homes are compulsively clean. They are unable to relax, converse at leisure. They tend to be cold and rigid. Their main concern is for their own pleasure. They are unable to show love and give to their child and/or children. They defend their "right" to discipline their offspring.

B: The Family System:

1. Impulsive but generally adequate with marital conflict. The abuse is the result of the marital conflict being displaced on the child and/or children. Premarital

¹Serapio R. Zelba, "The Abused Child: II Typology for Classification and Treatment", Social Work XII:1 (January, 1967), 75-78.

conception is often present.

C: The Person-environment or Family-environment System:

1. Parents with identity/role crisis. The abuse represents displaced anger at the loss of capability for role performance such as might occur following bodily damage to the parent. These individuals are angry, controlled, rigid. External factors have brought stress on the individual and his/her personality is not resilient enough to make the required role change without threat to his/her loss of identity.

The basic problem in the last four classifications lies primarily in the family system although certain cases may require individual therapy as well as conjoint family counseling.

The Battered Child

Mention should be made of observations which support the hypothesis that some children play a contributive role in their own abuse since their behavior seems to be more provocative and irritating to parents and caretakers than that of other children. The personality of those abusive parents creates difficulty in their own personality structure and as such the child's role in the cause of abuse increases the possibilities of abuse.

There is a large area for the child to be a definite contributing factor:

1. The cold, compulsive, disciplinarian, for example. A child with a particularly grating quality to their crying, or the messy child, or the child who loves to crawl over or on others, loves to touch, etc., can be exceptionally difficult for this type of personality to cope with.

2. The impulsive but generally adequate parent with marital conflict, premarital conception or birth. The unplanned-for child, the child born too soon after another child, a child who looks or "takes after" someone the parent dislikes or the child with some type of physical deformity is a child likely to become the victim of abuse or one of the reasons for displacing marital conflict.

3. Parent with identity/role crisis. As the child achieves certain goals, however small, such as learning to walk, talk, attend school, write, etc., the parent feels a threat to his/her identity since he/she is unable to make the needed role change and thus turns her/his frustration or anger against the child.

Dr. David G. Gil says of this process..."The parent's childhood loads the gun; present life conflicts cause the parent to raise it; the child's phase-specific needs help pull the trigger".²

²David G. Gil, Violence Against Children (Chicago: University of Chicago Press, 1970), p. 29.

Societal Aspects:

There are few outward signs to distinguish the abusive from the non-abusive parent(s). As mentioned earlier, they come from every socio-economic strata, from all geographical areas, from the professional as well as the blue-collar class. Eighty percent mention some formal church affiliation, although in their religious outlook they tend to have a greater-than-average adherence to a strong, rigid, authoritarian, "fundamentalist" type of belief.

Their marriage gives the appearance of being stable but on closer scrutiny the stability is more apparent than real, being usually a union based on selfish grounds. They are persons who have a very low self-esteem, a great sense of anxiety about themselves and their relations with others. Since basically we cannot love others unless we first love ourselves this very low self-esteem puts them at a disadvantage in any close relationship with others. Basically they have never been able to separate themselves from their parents while never finding this a fulfilling relationship. These people have not been able to esteem themselves as either masterful or sexual persons.³

³Virginia Satir, Conjoint Family Therapy (Palo Alto, California: Science and Behavior Books, 1967), pp. 45-54.

Virginia Satir says a child must be able to esteem himself (herself) in two areas as a ... "masterful and sexual person..." Through the validation by at least one of the parents in the child's development he is able to achieve this self esteem.⁴

The child is able to feel as a masterful person to the degree that his parents are able to acknowledge the fact that he (she) has attained a plateau of development. The parents must accept - and expect no more - what a five-year-old child does when it is five years old. They may not expect him to act like a child of ten or a baby of three. Thus the child is able to fulfill the appropriate demands that the parents, the family and society make upon it as he (she) progresses in age.

In the same vein, a child validates his sexuality if both parents validate his sexuality. This done mainly by both parents serving as models of a functioning, gratifying male-female relationship. When the parents are unable to validate each other as sexual persons they will not be able to validate the child as a sexual person either.

Disfunctioning as a sexual person in relationship with one another, the parents fail to provide models of functional, gratifying male-female relationships. Being

⁴Ibid., p. 55.

in conflict with one another, they will be in conflict with the child also. He (she) will be receiving conflicting messages from them regarding sex. This conflict will extend to the various stages of life and the sexual validation will not be present. Instead there will be a confused ideal of his or her own sexual identity and the sexuality of the opposite sex will become a problem.

The lack of validation on the part of the parents can be seen in those adults who cling to their parents or parent substitutes (wife or husband as a parent). He (or she) is neither a masterful person nor do they have a maturity for enjoying a true sexual relationship. Thus we have a person who has a very poor picture of himself (herself); ergo, low self-esteem.

Parents who fail to validate their children do so because they have such a poor marital relationship themselves they are unable to perceive the needs of others since their own needs are so very great. And they themselves are undoubtedly the products of disfunctioning parents.

"A person with low self-esteem has high hopes about what he can expect from others, but he also has great fears. He is only too ready to expect disappointment and to distrust others."⁵

⁵Ibid., p. 43.

The person with low self-esteem begins to "look for" someone who will be able to fulfill his (her) needs. This need is so great they will disguise their feelings about themselves particularly when they want to impress the other person. A person may act self-confident and strong on the outside but feel helpless and frightened on the inside. They may appear talkative and outgoing while actually being uncertain on the inside. They are unable to express their real feelings out of fear. After marriage as each finds out more and more about the other there is a good deal of frustration, anger, etc. Each person married to "get" not to "give". Virginia Satir summarizes the interaction of two such personalities in the following manner:

"Each wanted the other's esteem. Both also wanted societies' esteem syndrome...I should get married; now I have succeeded...Each wanted the qualities in the other which he (she) felt was lacking in himself (herself), qualities which he (she) tried to make part of himself (herself). Each wanted an extension of himself (herself). Each wanted an omnipotent, omniscient, selfless, 'good' parent in the other. Each wanted to avoid the omniscient, omnipotent, 'bad' parent."⁶

⁶Ibid., p. 10.

Without exception in our studies, the abusing parent is following the pattern laid down by their own parents in raising their children.⁷ While many have experienced abuse in a physical form, others have been abused mentally, emotionally or sexually. Despite the form of abuse, one thing remained constant - a sense of intense, pervasive, continuous demand from their children. This demand was in the form of expectations of good, submissive behavior, never making mistakes, sympathetic comforting of parental distress and showing approval and help for parental actions.

Such parental demands are excessive and more importantly, premature. There was a sense of constant parental criticism as their performance was pictured as erroneous, inadequate, inept, and ineffectual. The child felt that (with much reason) he was unloved; his own needs and desires were not only disregarded but it was "wrong" for him to even consider them. These are the facts of life of the abusive parent as a child. His mental image of his own "parent" and "child" role impels him (or her) to pass on the abusive treatment received as a child. As he was "done by" - so he does!

The parents expect and demand a great deal from everyone and if everyone fails them, including their own mate,

⁷Ray E. Helfer and Henry C. Kempe, The Battered Child (Chicago: University of Chicago Press, 1968), p. 111.

they have only their children to look to for the fulfillment of their own needs. If they, too, "fail" them they must be punished.

As we have seen, abusive parents have the mentality of wanting to "get" something out of a relationship without having or being able to "give". Their marriage becomes a desperate, impulsive, dependent clinging together out of fear of loneliness or losing everything. It is fear that holds them together in spite of incompatibilities and friction. As a result they become socially isolated to a certain extent, develop community problems (some severe) and in general have a poor relationship with almost everyone.

Having such feelings of low self-esteem and non-acceptance they seek with great desperation a place or person who will "understand and accept me". In reality they are looking for the relationship with their "good" parent and seem to find this to a certain extent in the church setting with God being the "good" parent image. This is one reason that abusive parents list themselves as church-goers.

Kenny, age three weeks, was hospitalized with bilateral subdural hematomas. His mother, Kathy, made this poignant statement: "I have never felt loved in all my life. When the baby was born, I thought he would love me but when he cried all the time it meant he didn't love me. So I hit him."⁸

⁸Ibid., p. 21.

This incident shows a basic lack of trust and difficulty in relating to persons, however young. It is not a healthy relationship and not a mature person. There is lack of ability in handling aggression and for Kathy, fear has replaced love.

It has been suggested that one and only one child is the "battered child" in a particular family. This is not entirely true as there are many factors that will cause the role of "scapegoat" to change.

First, there can be more than one child who is being abused at one and the same time. One may be abused by one parent and another by the other parent; or one parent abusing several children. Many times age has a bearing on the problem and as each child reaches a certain age he (or she) will be abused.

When it becomes necessary for the abused child to be removed from the home, the abusive parent will select one of the other members of the family and repeat the "punishing" process. In over half the cases which result in hospitalization there is a precedent for the subsequent abuse of the same or a different child. That is one reason why the abusive parent will take the child to different hospitals. It is also why a family with this problem moves often fearing discovery from neighbors, teachers, hospital staff, etc., thus causing another problem for the entire family life.

Treating the abusive parent becomes a matter of treating (or involving) the whole family.

Nathan Ackerman categorizes families in terms of the field of medicine: healthy and sick. The healthy family is able to adapt to necessary changes and is able to work as a unit. The sick family is unable to. Ackerman goes on to describe seven types of "sick" families. The family of the battered child is denoted as the "unintended family". The needs of the parents have a priority over the needs of the children and the parents are motivated towards this end. They have, at least subconsciously, the idea of "getting" without "giving". Not only is the demand for performance great, but premature, clearly beyond the ability of the child.⁹

Alex Zaphiris has summarized the characteristics of the abusive parent in the following way: "He (she) may be repeating childhood experiences, having been a battered child. He (she) therefore has a great fear of abandonment as expressed by, 'I want my baby to learn to behave so he won't become a delinquent. If he becomes a delinquent, they will take him away from me.' He (she) fears rejection, has a deep feeling of hopelessness, inadequacy, and being ineffective. The abusive parent often shows little remorse since he (she) deliberately intended to hurt the child. The child

⁹Nathan Ackerman, Treating the Troubled Family (New York Basic Books, 1966), p. 72.

is ordinarily blamed and kept in the house (his own room or even in a closet). Ordinarily only one child will be the target and it will take about six months to create a new scapegoat. These acts are repeated but ordinarily not with the same severity."¹⁰

Another factor in this problem is what is termed a lack of mothering. "Mothering" as it is used here is not limited to the female. The function is understood as the process whereby an adult takes care of an infant. Theoretically, a mature, capable, self-sufficient person cares for a helpless, needy, dependent, immature individual. The basic act is called "mothering" while the more subtle ingredients of tenderness, awareness and the consideration of the needs of the infant and the appropriate interaction are called "motherliness".

Conclusions:

The following factors therefore collectively dispose parents to resort to the physical abuse of their children in order to spare themselves the conscious experience of their own intra-psychic distress:

1. Major reliance upon projection as a leading defense against intra-psychic stress. There is a defect in the

¹⁰Serapio R. Zelba, "The Abused Child: I A Survey of the Problem", Social Work, XI:4 (October, 1966), 14.

capacity to test the reality of the child. The child functions as a delusion in what is essentially a transference psychosis.

2. A tendency to translate effect states into physical activity without the intervention of conscious thought.

3. The presence of intolerable self-hatred; this is the "it" which the parent "takes out" on the child; tries to dispose of by projecting onto the child and exorcising through physical abuse. The child is the scapegoat for the parent's unconscious sense of guilt.

4. Correspondence of the child by sex, age, and position in the family to events in the parents' own life which occasioned great self-hatred. It is the presence of the child of a particular sex, age, and position that serves as the seed crystal about which the parents' forgotten, unwanted emotions threaten to evolve out of the unconscious into awareness.

5. Relative lack of available, alternate modes of defense against conflict because of environmental factors; poverty, illness, domestic demands, social isolation, housing problems all can contribute an increment to the likelihood of physical abuse by reducing the availability of alternate modes for discharging intra-psychic tensions.

6. Compliance with the act of abuse by the marriage

partner due to dependence and a reciprocal willingness to support projective defenses.

7. Relative absence of available authority figures; the deterrent power of grandparents, religious or social authorities as an antidote to idiosyncratic perceptions and eccentric behavior is seldom available to the abusive parent.

Child abuse is the result of a parents' or caretakers' attempt to cope with internal conflict by means of externalization, utilizing a particular child as a partial person representation. Judging by these forces, it must be concluded that the phenomenon of physical abuse should be viewed as multidimensional rather than uniform with one set of causal factors.

Chapter IV

THE ROLE OF THE CHURCH

Harry Stack Sullivan says, "For a psychiatry of peoples, we must follow the self-same strategy applied to significant groupings of people - families, communities, political entities, regional organizations, world blocks - and seek to map the interventions of disjunctive force which block the integration of the group with other groups in pursuit of the common welfare; and seek out the characteristics of each groups' culture or subculture, and the methods used to impose it on the young which perpetuates restrictions of freedom for constructive growth."¹

Let us examine then the "map of disjunctive force" in regard to child abuse. With the establishment of the State Church, a certain type of violence was born, a "violence of opposition" to heretics who were being measured not primarily against the message of the Gospels, but against particular doctrines and systems of "orthodoxy". This sowing of hatred on the part of both parties concerned was bound to lead to a bloody harvest. The church in power soon abandoned the tolerance for which the persecuted church

¹H. Y. Perry, Helen Swick and Mary Ladd Gawel, The Interpersonal Theory of Psychiatry (New York: Norton, 1953), p. 379.

had pleaded and with the help of the "Christian" State began to persecute those who pleaded with it for tolerance. In the centuries that followed, a continuous preparation was being made for one of the most intolerable phenomenon in the history of the church, one of the most incomprehensible disfigurements on the body of Christ - the Inquisition. The smoldering resentments raised by the Inquisition were not extinguished with the last grisly flames at the stake. Persecution lives on even in this day of the so-called enlightened man.

"However many historical and psychological explanations may be found for the Inquisition, no possible justification can be found when we measure it alongside the Gospels of Jesus Christ. A church (an institution made up of people) deserts the Gospel at the point where it tries to liquidate all opposition by physical or spiritual abuse or murder, and makes a communion of love into a religion of executioners. A church will fail if it tries to assume the functions of God's judgement on the world and anticipates the sundering of the tares of wheat. A church which is called to be the Body of Christ in love should need no convincing of the fact that the very idea of destroying individuals physically, psychologically or spiritually,

must be totally alien to it."²

This long and disastrous process of development has had its effect on the entire voice of Christian conscience, and the centuries continue to pass, and the effect is still discernible on the mental and religious health of Christian people of the Western world. It is difficult, therefore, to go into the question of dominate motives in individual cases, whether they are oriented religiously, politically, socially, economically, psychologically, etc. In the context of examining the question, a theological verdict is what matters. Can the Gospel of Jesus Christ offer any basis for attempting to "persuade" another, if necessary by force?

Maltreatment or Discipline?

Maltreatment of children has been justified for many centuries by the belief that severe physical punishment was necessary either to maintain discipline, to transmit educational ideas, to please certain Gods, or to expel evil spirits. Whipping children has always been the prerogative of teachers as well as parents. Beatings to drive out the devil were a form of psychiatric treatment especially applicable to children, and where epilepsy was attributed to

²Hans Küng, The Church (New York: Sheed & Ward, 1967), p. 253.

demoniacal possession, the sufferer was thrashed soundly to expel the demon. There was a sacred iron chain in India expressly for that purpose.

The ancient philosophers beat their pupils unmercifully. Parents, teachers and ministers alike believed that the only cure for the "foolishness bound up in the heart of the child" was repression, especially by use of the rod, and the schoolmaster was proverbial for his severity.

Throughout history there are accounts of the customary extremes in the chastisement of children. Samuel Pepys beat his boy until he (Pepys) was out of breath. John Wesley, Frederick the Great, Lady Jane Grey, and many others in adult life complained bitterly of their treatment in childhood. It always was taken for granted that the parents and guardians of children had every right to treat their children as they saw fit. When Henry VI, who was king while still in his cradle, grew old enough to put up an argument, his tutor had to appeal to council for assistance in "chastysing him for his defaults". Regular flogging produced a most unhappy person in King Henry VI, even if it did make him a scholar and gentleman. Charles I was more fortunate for he had Mungo Murray available as a whipping boy to substitute for him when punishment was indicated.

The beating of very young children raised many objections which led to some mitigation. But then as the Calvinistic views that children were imps of darkness became popular, they were again whipped. In 1570 Thomas Ingeland became incensed by this practice and wrote a protest skit which he called, "A Pretie and Merie New Interlude Called the Disobedient Child". The climax came when a boy "through many stryppes was dead and cold".³

Harry Stack Sullivan says, "Self-respect, respect for others, the dignity of competent personality, freedom of personal initiative are said to be marks of adult maturity. Love is said to exist when and only when the satisfactions and the security of another are equally as important as one's own..."

"If the understanding of living in order that it might be facilitated is the purpose of psychiatry, it leads one eventually to seek an understanding of the social order in which people live. The ultimate causes of disorder, it would seem have to be sought in the social order itself. Expressed in another way, the study of interpersonal relations leads pretty directly to a study of the social order which is their matrix. It is rather obvious that the inadequacies and the contradictions which the culture

³Elizabeth Godfrey, English Children in Olden Times (London: Methuen, 1907).

manifests is a fertile breeding ground for the mentally sick and the mentally handicapped. The psychiatrist, if he is to function, can no longer stand aloof. He must, while maintaining his own specialty, join hands with other social scientists. This point of view requires a new orientation and the perfection of new techniques."⁴ It would seem that the church, too, should now "join hands" with "other social scientists" and be prepared and willing to make needed changes.

Recognizing the fact that child abuse is a world-wide phenomenon, one cannot avoid raising the question of whether there exists a connection between the violence that is an essential part of child abuse and the violence which is an accepted part of our society. Wars, assassinations, murders, homicides are part of the American heritage, as well as being visible on the global scene. Books, magazines, movies and television reinforce these ideas, lest we forget. Is it possible that this wide-spread adult violence has not had an effect, at least indirectly, on adult-child relationships so that it has become an accepted way of life?

Children are absorbing through observation and experience that violence is sanctioned in some interpersonal contexts and not in others. This puts them in a double bind.

⁴Harry Stack Sullivan, Conceptions of Modern Psychiatry (New York: Norton, 1940), pp. 293-294.

They are exposed to conflicting signals, double standards and they may grow up with an almost unsolvable conflict in their system of values not knowing which violence is right or wrong; good or bad; sinful or meritorious.

For many individuals, "law" seems to offer the possibility for misdirected zeal in fulfilling the law with his own strength and this leads to the arrogance of self-justification. As St. Paul says, "If the law had been given which could make alive, then righteousness would indeed be by the law". (Gal. 3:21). Both of these errors spring from self-reliance and selfishness and a consequent denial of God as He is; the anarchy of disobeying the law and the self-pride in doing works according to the law.

Under the guise of "good" or the "Law of God" some serious mistakes have been made in the areas of mental health by many church leaders. In a report that was presented at an international congress on mental health an excerpt from one of the papers presented by a group of clinically-trained chaplains gives some ideas on this matter... "American Protestantism has frequently made critical and tragic errors in its presentation of the Christian religion; errors which have contributed to emotional and spiritual conflict and immaturity in our people. Most of the errors focus on a stern, legalistic, absolute, and Pharisaical moralism which is the characteristically American form of

Protestism."⁵

Howard J. Clinebell, Jr., states: "Mental health is directly linked to the fundamental purpose of the church. One basic function that has impaired the ability of the mentally ill person is his ability to give and accept love. A teacher of psychiatry has observed that the two great Commandments of Jesus provide a test for mental health. To the extent that a person is able to love God and his neighbor, he is mentally healthy. When one sees the basic purpose of the church and the nature of mental health in juxtaposition, their inter-relationship becomes clear...In working for mental health or for the improved treatment of personality problems, the church is implementing its basic purpose by enhancing the ability of persons to love God and neighbor."⁶

Character Traits of the Abusive Parent vs.
Character Traits for the Mental-Religious Health of Individuals

Reviewing the characteristics of the abusive parent which lead to child abuse i.e.:

⁵"American Protestantism & Mental Health," Journal of Clinical and Pastoral Work, 1:4 (Winter, 1948), 1.

⁶Howard J. Clinebell, Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p. 8.

a) The personality system. The psychotic; hostility towards himself/herself, depressive, passive-aggressive, cold, compulsive disciplinarian.

b) Persons having marital difficulties; unable to give yet each wants to get.

c) The person with identity/role crisis, showing a great amount of anger.

It is interesting to compare these characteristics with the distinguishing characteristics of mental health-giving forms of religion which Dr. Howard Clinebell offers in a series of questions as a test for the mental-religious health of the individual. To wit:

Does his particular form of religious thought and practice....

1: Build bridges or barriers between people?

2: Strengthen or weaken a basic sense of trust and relatedness to the universe?

3: Stimulate or hamper the growth of inner freedom and personal responsibility? Does it encourage healthy or unhealthy dependency relationships?....Mature or immature consciences?

4: Provide effective or faulty means of helping persons move from a sense of guilt to forgiveness? Does it provide well-defined, significant, ethical guidelines? Or does it emphasize ethical trivia? Is the primary concern for the surface behavior or for the underlying health of the personality?

5: Increase or lessen the enjoyment of life? Does it encourage a person to appreciate or depreciate the feeling of dimension of life?

6: Handle the vital energies of sex and aggressiveness in constructive or repressive ways?

7: Encourage the acceptance or the denial of reality? Does it foster magical or mature religious beliefs? Does it encourage intellectual honesty with respect to doubts? Does it over-simplify the human situation or face a tangled complexity?

8: Emphasize love (and growth) or fear?

9: Give its adherents a "frame of orientation and object of devotion" that is adequate in handling existential anxiety constructively?

10: Encourage the individual to relate to his unconscious through living symbols?

11: Accommodate itself to the neurotic patterns of society or endeavor to change them?⁷

⁷Ibid., p. 10.

It is interesting to note that 80% of the cases of child abuse reported in 1974 reported also that they, if not the entire family, were affiliated with some type of Christian church. Yet in comparing the individual's characteristics to the characteristics of the mental health-giving and depleting forms of religion we must admit there is a great difference, a need for awareness, concern and help on the part of the church.⁸

Karl A. Menninger says: "The manner in which a man utilizes his religion, whether it is to enrich and ennoble his life or to excuse his selfishness and cruelty, or to rationalize his delusions and hallucinations, or clothe himself in a comforting illusion of omnipotence, is a commentary on his state of mental health."⁹

A sound theological foundation for a healthy parent-child relationship lies in the recognition of God as the prime or first Parent. From Him came gifts of life, love and the promise that He would remain with us (mankind) forever. "And God created man to His own image; to the image of God He created Him: male and female. He created them and blessed them saying, 'Increase and multiply and fill the earth'". (Genesis 1:27-28). God, Himself, then

⁸Ibid., p. 34.

⁹Karl Menninger, Religious Factors in Mental Health (New York: Viking, 1963), p. 113.

is the author of matrimony and parenthood which He endowed with many benefits and purposes. All of these have a very decisive bearing on the continuation of the human race, on the personal development and eternal destiny of the individual members of the family and on the dignity, stability, peace and prosperity of the family itself and of human society as a whole. By their very nature, the institution of matrimony itself and conjugal love are ordained for the procreation and education of children.

God did not create human beings for isolation but for the formation of a social or family unit. When Jesus assumed the flesh of man he sanctified human ties especially family ones from which social relationships arise. He was present at the wedding feast at Cana with His mother and he chose to follow in the footsteps of His father, Joseph, and lead the life of an artisan of His time and place. By His example and His words he exhibited respect for his parents..."and He went down to Nazareth and was subject to them" (Matt. 1:14); to civil authority, "Therefore render to Caesar...."(Luke 12:20) and to His heavenly Father. Love and obedience for lawful authority are the keystones of a sound Christian relationship between parents and child(ren). Christ was the perfect exemplar of obedience to lawful authority. And the Gospels give preeminence to a

single value in human behavior: Love.

Love is central in the theology of the family. The Commandments of love are Old Testament Commandments: "Love the Lord, your God with all your heart and with all your soul and with all your strength." (Dt. 6:5) "Love your neighbor as yourself." (Lv. 19:18). These two Commandments are singled out and made emphatic. "On these two Commandments depend the whole law and the prophets. (Matt. 22:40) What love is or was, is nowhere defined in the Gospels. The meaning has to be found in the examples of Christ and in the moral codes He expounded.

Authentic married love is caught up in divine love and is governed and enriched by Christ's redeeming power. Thus this love can lead spouses to God with powerful effect and can aid and strengthen them in their accepted roles of father and mother. As a result, with their parents leading the way by example and words, children and everyone enclosed within the family circle will find a readier path to human maturity, salvation and holiness. Graced with dignity and the duties of fatherhood and motherhood parents will diligently address themselves to the duties which devolve upon them, the loving care of their children and the pointing them in the direction they should go..."As the twig is bent, etc."

The family is the prime place of personality development and growth both for parents and their children. St. Paul gives his version of the relationship between parents and children when he wrote to the children of the Ephesians: "You who are children must show obedience in the Lord to your parents; it is your duty: Honor your father and your mother. This is the first Commandment which has a promise attached to it; you will have a long life in the land." (Ephesians 6: 1-4). It should be noted that all arbitrary commands on the part of the parents fall outside the scope of this advice. Children are not bound to obey every whim and fancy. There is a limitation imposed for their sake... "in the Lord". Parents have a right to obedience as they are obedient to the Lord but must always remember that authority does not begin with them; it channels through them.

That Christ, Himself, regarded children as persons of value is recorded in His admonition to His disciples when they would have sent the children away since they thought the Master was tired: "Suffer the little children to come unto me, and forbid them not; for of such is the kingdom of God." (Mark 10:14) On their part, children contribute in their own way to making parents holy. They respond to the kindness of their parents with gratitude, love and trust. They will stand by them should hardships overtake them or

if old age brings loneliness. Families should share their spiritual and material riches with others. Thus the Christian family which springs from marriage as a reflection of the loving covenant uniting them with Christ will manifest that covenant to all men of the Savior's living presence in the world. This the family will do by their mutual love for one another, their generous fruitfulness, their solidarity and faithfulness and by the loving way in which all members of the family work together.

It is to be remembered that the principles of a sound healthy parent-child relationship remain constant through all times, though customs and life-styles differ vastly from generation to generation. In the custom of the times two thousand years ago and for many centuries thereafter the roles of father and mother remained ones of the father as bread-winner and the mother, the home-maker. Today, both parents may find it necessary or desirable to work outside the home. This need not affect the basic loving and mutual caring of the parents and the children for each other. The quality of time spent with children is often of more value than the time.

Chapter V

PREVENTION

Since there are so many dimensions to the problem of child abuse any measures aimed at preventing or reducing the incidence cannot be looked upon in a uniform manner. All the elements of society that are concerned in this phenomenon must be considered, if only for the resources they can offer. It would seem that the measures adopted should be executed in a manner that assures intervention on the casual level, applying a public health model of preventive intervention and proceeding on the conceptualization etiology that has been presented.

A: Adopt New Value Systems

Since culturally determined permissive attitudes toward the use of physical abuse in child-raising seem to constitute the common core of all physical abuse of children in American society, systematic educational efforts aimed at gradually changing this particular aspect of the prevailing child-rearing philosophy, and developing clear-cut cultural prohibitions and legal sanctions against the use of physical force as a means of rearing children, are likely to produce over a period of time the strongest possible reduction of the incidence and prevalence of child abuse.

What is suggested here is perhaps a revolutionary change not only in the child-rearing philosophy and practice of American society but also in its underlying value system. Such a thorough change cannot expect to happen overnight on the basis of a formal decision of a government authority. What is required is an extended, consistent effort in that direction which must eventually lead to a series of changes in our value system and in the entire societal fabric.

It is important to keep in mind in this context that educational philosophies tend to reflect the social order and are not its primary shapers. Education tends to re-create a society in its existing image, or maintain a relative status quo, but it rarely if ever creates a new social structure. Violence against children in rearing them may thus be a functional aspect of socialization into a highly competitive and often violent society, one that puts a premium on the uninhibited pursuit of self-interest and that does not put into practice the philosophy of human cooperativeness which it preaches on ceremonial occasions, and which is upheld in its ideological expressions and symbols.

The elimination of violence from American child-rearing philosophy and the practice seems therefore to depend on

changes in social philosophy and social reality toward less competition and more human cooperativeness, mutual caring, and responsibility.¹

These considerations suggest that to the extent that American society is willing or able to reduce violence as a part of society, it may expect to reduce child abuse, violence in interpersonal and intergroup relations among adults and perhaps even in international relations on a global scale.

If physical force could be gradually eliminated in the manner of child-rearing in this country, some other constructive modes of interaction would have to replace it. This exposes children to a more constructive relationship with their parents, and learning from this experience, hopefully, would carry over into adulthood.

B: Alert Social Agencies:

Deviance and pathology in areas of physical, social, intellectual and emotional functioning of individuals and the family are another cause for child abuse. This is a very complicated area. However, once the social agencies on both the local and national level, the medical world, teachers, and the church are educated to the causes and

¹Urie Bronfenbrenner, Two Worlds of Childhood (New York, Russell Sage Foundation, 1970), pp. 71-73.

symptoms of child abuse, it can be hoped that some of the areas can be eliminated or at least alleviated. The main change should occur in the actual living without conflicting signals, i.e., that violence can be both good and bad. It would, rather, integrate into their personalities and into their consciousness a value system that rejects violence as a mode of human interaction.

It may seem that a permissive society is being advocated, inasmuch as all children have non-social traits that need to be modified if they are to be accepted into society. However, several Indian tribes in America and people of various cultures throughout the world (Red China) have developed a mode of child-rearing that excludes all physical force. These people are recognized as being highly civilized.² Therefore as a nation we must be willing to search, find and accept a set of values that excludes violence.

C: Education:

Marriage and child-rearing are skills and the schools should assume a responsibility for teaching these skills. There is hardly a course, especially at the secondary level, that cannot in some way be related to family life or preparation for marriage. If education is designed to prepare

²David G. Gil, Violence Against Children (Chicago: The University of Chicago Press, 1970), p. 9.

a person for living, then courses on how to live with and within a family should be considered.

D: Economics:

Money does play its part in this problem. The stress and strain of family living is felt by the wealthy as well as the poor. The wealthy have some means of occasionally escaping from these stresses which the poor do not. However, the personality traits that lead to child abuse are essentially the same whatever the income level. When the pressure is sufficiently built up, child abuse occurs. The wealthy can seek professional help that is not readily available to the poor. To compensate the following relief should be considered:

- a) Adequate income based on legal entitlement
- b) Comprehensive health care and social services
- c) Decent and adequate housing
- d) Comprehensive education opportunities
- e) Cultural and educational facilities³

E: The Church:

The churches are in a unique and strategic position to render valuable assistance in the prevention of child abuse. As Dr. Howard Clinebell says, "The churches have a face-to-face relationship with over 120,000 adults and young people,

³Ibid., p. 145.

more than any other institution in our society. Think of the opportunity for enhancing positive mental health which this gives the churches! The various aspects of the local church's programs help many people in a wide variety of ways. But the potential contributions of the many faceted programs of a local church are like a rich vein of ore which we have only begun to discover and mine."⁴

If the local church and the community are mindful of the seriousness of the child abuse problem, not only as a family but as a community problem, they have the resources in numbers, abilities and the motive to be a positive force for good in this area.

This will come about only if the religious leader or pastor is first of all, knowledgeable about good mental health in general and the mentality of the child abuser in particular. The religious leader or pastor and the influential members of his congregation must accept the fact that, based on statistics, several instances of child abuse have already taken place in the congregation within the past year or even weeks. The role of the religious leader as counselor will be discussed in detail later in this paper when therapy for the abusive parent and the battered child is considered. For the moment our concern is with other

⁴Howard Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p. 14.

ways in which the religious leader can formulate types of preventive programs. Dr. Clinebell lists four major ways in which programs of good mental health can be instituted on the church level. They are:

1: Inform and Motivate. The National Council of Churches, made up of 31 denominations, has a total membership of 42,000,000. This vast audience can be reached via the pulpit, the weekly bulletins published and hopefully read by the membership and through the two committees, The Religious Newswriters Association and the Religious Public Relations Council, which are specifically designed to convey important religious messages and attitudes to the membership. In the Roman Catholic Church there is, on the national level, the National Council of Bishops and each diocese (or almost every one) publishes a weekly diocesan newspaper as well as the parish bulletins augmenting local news as well as strictly items of interest to that particular community. In the Catholic Church there is also an association called the United States Catholic Conference, composed in the main of lay people, headquartered in Washington, D.C., whose function is primarily one of lobbying. Approximately 48,460,000 people are represented by this body. The Jewish Religion has no national organization per se, as each congregation is independent. However, at the

present time the estimated 6,115,000 Jews are represented in the three federations of synagogues; the reformed, the orthodox and the conservative.⁵

2: Select and train small groups to become mental health leaders and infiltrators within the church and community. In the past it has been the minister, priest or rabbi himself who was the "voice crying in the wilderness" for social reforms. Now, however, with the increasing awareness on the part of the public through "growth groups" of the strength of people working together, many social reforms are possible once the people see the need and how they can effect change.

3: Guide the development of a variety of creative groups including a network of small, family-modelled nurture groups. This is almost a call for action in sponsoring such groups as Parents Anonymous which was especially created to aid parents who abuse their children. Parish-sponsored marriage encounter groups, teen-age "rap" groups, etc., are all ways in which an individual parish or congregation can provide outlets for the frustrations normal to everyday living and which often find their release in child abuse, alcoholism or drug abuse.

4: Initiate Action. Dr. Martin Luther King, Jr., is

⁵Constant H. Jacquet, Jr., Ed., A Yearbook of American and Canadian Churches (New York: Abingdon Press, 1967).

a prime example of what one man, truly motivated, can do to bring about massive changes in the social system. Almost single-handed, he founded the Southern Christian Leadership Conference and with a small band of faithful followers turned around the whole caste system of the South...which in turn became a national struggle for the civil rights of all oppressed minorities. For eight years Dr. King, a Baptist minister, had preached non-violence and sought by peaceful demonstrations justice and dignity for his people. He was able to break down the segregated bussing system in Montgomery, Alabama, and in March of 1965 organized his now-famous march on Selma, Alabama. So brutally beaten were his people that almost the whole Christian (and many non-Christian) community was outraged and by the thousands people of all religious faiths poured into Alabama to join the struggle. By August, 1965, President Lyndon Johnson had signed the Federal right-to-vote law.⁶

Another example of churchmen of all faiths working together to bring about fair compensation and decent living conditions for migrant workers is the rallying behind the efforts of Caesar Chavez. When the people are sufficiently aroused and informed and motivated, especially by their clergymen (women) their power for good and for change is

⁶Jerold C. Brauer, "Protestantism in America" (Philadelphia: Westminster, 1955), p. 290-292.

almost estimable. So could it be with child abuse. When enough people are aware of the problem, how universal it is and how it can be reduced, if not irradiated, it will be done.

Although the separation of Church and State are supposedly part of our Democratic heritage, history has shown that religion and clergymen can and do influence the workings of government. From our earliest beginnings, land grants have been made to religious institutions to found schools, orphanages, churches and righteous causes have found the ear of concerned legislators and monies have been allocated for these purposes.

On a broader scale more ambitious programs might be undertaken either under the guise of informing or motivation and/or innovative action. In education and motivation the church is in a most advantageous position to reach many parents and would-be parents enlightening them in the areas of good mental health, which in itself would be instrumental in preventing or easing the problem of child abuse. Three such programs come to mind: premarital instruction, preparation for parenthood and a community-oriented Help Line.

a) Premarital instructions. "The church should offer premarital and post-marital group and individual counseling conducted by trained counselors. When a couple contemplating marriage approach their priest, minister or rabbi

regarding marriage, the agreement between the couple and their religious leader should be: 'I will marry you provided that you will agree to attend three premarital group counseling meetings and six post-marriage meetings once a month. Such meetings would serve the purpose of orienting couples to marriage and following marriage, to discuss with others recently married the problems they are encountering. When young (or newly married) couples see the universality of their 'problems' they no longer feel 'different'. This discovery provides them with emotional support and hope."⁷

Each church could devise their own program, tailored to its size and the makeup of the congregation. In the premarital counseling besides the usual topics of sexual adjustment, finances, in-laws, etc., that are usually discussed, the point could be made of the stresses associated with child rearing, and the causes and extent of child abuse. With more knowledge ahead of time of what not only leads to child abuse but where aids are available to help, the incidence of violence to children might be radically decreased.

b) Preparation for parenthood. In nearly every church there is some type of ceremony - baptism, christening, etc. which introduces the new born child into the church.

⁷Meyer Elkin, Supervising Counselor, Conciliation Court of the Superior Court of Los Angeles, "Preparation for Marriage" Marriage Counselor's Quarterly, The California Counselor's Association, Vol.V:3 (Spring, 1970), 42.

Preparing the parents for this type of ceremony is the IDEAL time to instruct the parents on the prevention of child abuse, whether this is the first child or subsequent children. The pastor or religious leader should discuss with the parents their roles, how they feel about discipline, sharing their time, money and love with the new baby, how they deal with anger on other levels, etc. It is very important for the religious leader to convey the idea that every parent is a potential child abuser. Children, by their very nature, their helplessness, their need for 24-hour care, their sometimes seemingly selfish demands, can cause great anger and frustration in even the kindest of people. One particular child, either because of its looks, its name or nature might provoke inexplicable anger or dislike in its parent. Whether this feeling is transient or continuous it is a phenomenon any parent might experience. It is important that the parent not be so frightened by these feelings that he (she) keep them hidden but seek help in dealing with them before any actual abuse, physical or emotional, is sustained. The pastor (religious leader) may make himself available as counselor, refer the parent to a professional counselor or set up group counseling sessions within his congregation.

Being aware of the extent of the problem of child abuse and the nature of the abusive parent and how the teachings of the church can help the problem will encourage the pastor (religious leader) develop or solicit positive programs such as "Parent Effectiveness Training", etc. It will also help him (her) educate his congregation in the importance of an understanding and caring attitude toward families caught in the illness of child abuse. A good attitude can do more for such families than many sessions of formal therapy. It is important to mention again that one of the strong feelings the abusive parent (or individual) suffers from is the feeling of being alone, that no one understands his ambivalent emotions of guilt and "justification". When the pastor opens up the subject either in preparing the couple for marriage or parenthood, he strips it of its taboos and makes it easier for the troubled parent to come to him (her) for guidance.

Another avenue of therapy open to a religious leader and one, incidentally, which benefits the whole community, is the establishing of a telephone counseling service known as a Help Line, such as the one founded in 1970 by the Saddleback Ministerial Association. Although the association remains one of the principal financial supporters of

Help Line, the actual operation is conducted by a Board of Trustees and lay women and men from a variety of congregations in the Mission Viejo-El Toro area. The service is available seven days a week from noon to midnight. Anonymity is stressed with neither the callers nor the on-duty counselor offering their names. It is this confidentiality that is the keystone of Help Line. Those who cannot or are unable to discuss their most intimate problems face-to-face find it remarkably easy to talk to an interested "voice" over the telephone. How it has served in the prevention of child abuse is illustrated by the incident reported recently:

In one of the many homes that dot the Saddleback Valley in Orange County a young mother had been trying to get her five-year-old son to bed for more than an hour. After many exasperating delays he finally promised to go to bed if she fixed him a milkshake. Wearily she fixed the shake and took it to the bedroom whereupon her son threw a tantrum and slapped at the glass screaming he wanted "chocolate" not "strawberry". The next thing she recalled was watching in horror the pink milkshake stream down the startled face of the child, matting his eyelashes and sliding slowly down his neck and into his pajamas. She had thrown it in his face! She must have! She didn't recall doing it.

Instantly she began to tremble and felt, as she told a sympathetic Help Line counselor later, like a vast spinning inside and as though she was breaking into a million molecules. Almost blindly she ran from the room, reaching into her purse with fingers dripping with the shake, and called the Help Line number. A pleasant voice answered. "May I help you?" In one rush the words tumbled out: "I'm going to hurt my child. I just know I am!"

The Help Line counselor was kind, supportive, not showing any revulsion or shock. Instead she encouraged the young mother to talk about it. For almost an hour she poured out a story of worry over her overseas husband, her loneliness, the demanding nature of the child, the birth of another child expected within a few months and "everything". When she had spent herself she and the counselor talked over the incident and tried to evaluate it. It may have been only a very human and passing reaction to a trying situation. However, the mother felt it was more serious. She knew she had been out of control if even for a minute and in a state of not knowing the consequences of her act. "Suppose", she asked the Help Line counselor, "I had had hot water or acid or bleach in my hands....would I have thrown that in his face?" The counselor and she agreed that

the situation should be evaluated by a professional and she was given several sources of help in the community. Although anonymity is stressed in the operation of Help Line, there are times when it becomes necessary to ask the caller's name (a suicide call, for instance) or when there is need for material assistance (food, clothing, shelter, small amounts of money). Emergency food is obtained through local units of the Fire Department, paid for by the Salvation Army, or by the personal donation of so-inclined clergymen.

A Help Line can be operated quite economically, especially when manned by all volunteers. Costs of maintaining the Saddleback Valley Help Line are under \$100 a month with the bulk (\$58.00) going for rent. The phone bill accounts for another \$20.00 a month and a small amount is set aside for operating expenses such as stationery, stamps and office supplies.

Volunteers on the Saddleback Valley Help Line take a six or eight week course which consists of practical lectures by professionals (doctors, representatives from Alcoholic Anonymous, a marriage and family counselor, a crisis intervention specialist, etc.). After completing the course the candidates are screened by a panel which

consists of one or two ministers, one of the guest lecturers and the members of the Board. The qualities sought in a counselor are integrity, honesty, discretion and dedication to helping others -- anonymously. They serve in shifts of fours each and are asked to assume one period, at least, each month. On the Roll-a-Dex and in the office files are over a hundred community resources which serve as referrals, if necessary. However, the main thrust is on just plain "listening". Most of those who call and there have been over 5,000 in the past five years, just want to talk. Problems run the gamut of human interests from the wives with "cabin fever", husbands with job problems or youngsters who either want to know "What is a pronoun?" to "How can I tell if I have VD?". Counselors are supervised for the first month of service and each call is written up stating nature of the call and disposition of it, or how it was resolved.

Although the Saddleback Valley Help Line is the concern of several churches as well as interested civic organizations, the idea can be carried out in much the same way by a single church. The Community Church of Garden Grove has a Hot Line as well as a walk-in counseling service which is available on a pay-what-you-can-afford basis. Other churches have maintained telephone counseling services by employing an answering service and having the calls crossed-over to the personal phones of the volunteers.

This is less effective than the Help Line described above since few people care to have their home phones tied up for possibly an hour at a time and it is difficult to be "professional" if there are family noises in the background.

Telephone counseling or telephone empathetic listening has long been known as an effective means of community caring. This was underscored when a 19 year old father was being arraigned in the death of his eight week old son. Everywhere in the police station he was met with hostility for few people can tolerate the thought of anyone beating a small baby with such fury he stopped crying - stopped altogether. However when a social worker asked him in a very kind way to tell her about it, he burst into tears and sobbed out all his troubles. Overwhelmed with responsibilities he was totally unable to cope with and at his wit's end with worry about bills, he had been driven temporarily insane by the baby's incessant crying. If he had had someone to talk to, someone to reach out a hand and say, "We know; we care"; that baby might be alive today.

A telephone is such a simple, everyday, inexpensive tool for community counseling it should not be overlooked. It is ideal for the mental attitude of the abusive parent who is insecure, fearful, frustrated and who feels very much alone and out of things. Since it is also anonymous the abusive parent need not fear exposure or threat of jail and thus is more open to treatment.

We have zeroed in on the possibilities for establishing a good mental health program that are inherent in nearly every organized church. There are numbers, there is talent, there is willingness and there is the motivation that is necessary to initiate and carry along any program. Why then are there so few? Essentially the fault, or blame to use the word freely, lies in the structure of most churches. The real work of the congregation usually takes place in the many small groups that make up the membership.

Robert C. Leslie says, "Group activities are the normal vehicle for most church interests. Christian education, social action, planning, maintenance, fund raising, women's circles, etc., leave little time for the needs of the individual member. Each group addresses itself to some particular task related to the mission of the church and because the tasks are pressing and time-consuming, little attention is paid to the relationships among the members. Any attempt to look at relationships within the group or to give attention to some one person's needs is thought to be a distraction from the main purpose of the group...There is increasing evidence, however, that providing for the sharing of personal feelings can greatly enhance the working effectiveness of a group."⁸

⁸Robert C. Leslie, Sharing Groups in the Church (Nashville: Abingdon Press, 1970), p. 15

Using the structure of the church to the full potential, every group can have the aspect of sharing. All the members of a church have this genuine need for sharing but among a few members the need is very great. If they do not find it in the church, where will they find it?

Among those who need this community sharing the most are certainly the abusive parents. They have membership in every church. Given the opportunity to express their feelings in general without any fear or threat of force, to listen to the fears and frustrations of others could be a great "drain-off" for the feelings of abusive parents. Since the majority of child abusers indicate a fundamentalist type of belief⁹ they would undoubtedly be interested in Bible Study groups. Singing in the choir and enjoying the intimacy and warmth of those who enjoy this type of activity would also be very helpful. No matter what the group, the important thing is that the individual with low self-esteem feels that he (she) has found a place and people who are willing to share with him (her) and care for him (her).

The role of the pastor (religious leader) is seen as:

- 1: A leader who is concerned about good mental health in all its aspects.
- 2: A leader with great influence over a great many.
- 3: A leader who understands the needs of those emotionally disturbed.

⁹Ray E. Helfer and Henry C. Kempe, The Battered Child (Chicago: University of Chicago Press, 1968), p. 107.

4: A leader, who as counselor is the first-hand contact with many disturbed and normal people.

5: A leader who is an innovator of programs designed for the welfare of his own congregation and the community at large.

It is incumbent upon a pastor that he familiarize himself with the most basic and yet one of the most important forms of counseling: Supportive Counseling.

In the area of the abusive parent, one characteristic common to all is the low esteem in which they hold themselves. They desperately seek and need an authority figure relationship which will allow them to continue to function. Often this is sufficient. At other times, once this relationship has been established, they will feel "safe" in going to this authority figure with their problems. Even though the pastor may not regard himself as a professional counselor, he can communicate to this type of person that he really cares, is interested in what is happening to him, is strong where the client is weak and that if ever he is needed he will be there.

In short, the pastor (religious leader) must summon up all the "sympatico" he possesses. This is not an easy job nor is the relationship going to be as immediately rewarding as are many other relationships with members of his congregation. However, it is as serious an obligation as talking, visiting, laughing, etc., with the happy, well-

adjusted members of the congregation is a pleasure and an attractive ministry.

The person with low self-esteem does not bring the niceties to the relationship, yet his need is very real and a rebuke to the pastor who ignores him.

Chapter VI

ROLE OF THE GOVERNMENT

Child abuse has been growing at such a rate in the United States, the Government has taken steps to attempt to control and prevent these home and family tragedies.

All States now have laws and administrative procedures which require that specified persons report known or suspected cases of child abuse and/or neglect to properly constituted authority. A new Federal law, The Child Abuse Prevention and Treatment Act of 1974 (Public Law, 93-247) further increases the reporting and investigative requirements of the States.¹

A close look at these new laws raises some doubt that child abuse and/or neglect will be reduced measurably by these requirements. For one thing, the emphasis is on identifying the offenders, not on treatment. Secondly, the ability and willingness of reporters and agencies to make an accurate diagnosis is minimal.

Public Law 93-247 defines child abuse as "harm or threats of harm to a child's health and welfare by a person responsible for the child. This harm can be physical, mental, sexual abuse, negligent treatment or maltreatment."

The Act requires States to adopt similar definitions

¹Ingrid Uteck, "Child Abuse Prevention and Treatment Act", Youth Alternatives, Vol. 1:11 (November, 1974), 1.

in order to be eligible to receive Federal funds for child abuse or neglect programs. For most States, reportable injuries include all burns, bruises, welts, fractures, hematoma, lacerations, internal injuries, injuries caused by over-exposure to the elements, malnutrition, excessive corporal punishment as well as lack of medical care, clothing, shelter suspected to result from intentional abuse or neglect.

Under Federal law, all States must have laws or administrative procedures which require specified persons to report known or suspected cases to a duly constituted authority. To insure that individuals do report, many States impose penalties for failure to report. Failure to report is a misdemeanor in 29 states (including California), Guam and the Virgin Islands. Clearly the law is designed to get as extensive reporting as possible. In that respect it has been successful. In two counties in New York State, suspected cases in the eight months prior to a mandatory reporting law were 47 and 81. By the time the law had been in effect four months, 200 and 660 additional cases had been reported.

It is doubtful, however, if the laws have increased in accuracy along with the increase in numbers. There is substantial evidence of a large number of persons making

false reports out of a wish to harrass (a separated spouse, for instance), or a neighbor trying to get someone evicted from a housing project, or among relatives hoping to resolve personal antagonisms.

In addition, certain biases about the paternal and maternal roles come into play. More mothers than fathers are reported as perpetrators of abuse, possibly because abuses occur in the home (malnutrition, lack of medical care, etc.) most often and are responsibilities assigned to the mother although the father may be equally guilty of contributing to the condition.

The Child Abuse Prevention and Treatment Act specifies there is to be a central authority which conducts investigations into all cases of child abuse and neglect. According to a study made by the American Humane Society the trend is in the direction of requiring reports be made to a social service agency rather than to law enforcement agencies or the courts.

The trend represents an increasing acceptance of informal intervention as opposed to formal investigation by law enforcement agencies which are likely to result in arrest and prosecution, thus hampering a parent's receptivity to treatment.

Weaknesses in the law are that there are no distinctions made between child abuse and child neglect and the

burden falls heaviest on the poor whose lives are more public and they lack access to agencies (lawyers, doctors who are personal friends, etc.) which are routine to the upper-income parents.

On the positive side the Federal Government has taken steps toward alleviating the present situation. Under the Act Federal funds will supplement, not substitute for, State funds for prevention programs. The State must provide for dissemination of information to the public about the facilities and services available to combat child abuse and neglect. The State must insure that parental organizations combatting child abuse and neglect, as recognized by the State, receive preferential treatment to the extent possible. The Act also tightens up the requirements which agencies must meet in order to receive funds for child abuse and neglect under Title IV (a) or (b) of the Social Security Act.

In accordance with provisions of the Child Abuse Prevention and Treatment Act, the Department of Health, Education and Welfare (HEW) recently announced funding priorities for FY '75 child abuse and neglect research and demonstration programs.

Two kinds of demonstration programs are to be under-

taken. The first is to establish comprehensive Child Abuse and Neglect Registeries, many of which are now being opened in every county in California. The Registry can provide many services to those who are bound by the Federal Law as of February 3, 1975, to report all cases of suspected child abuse. The reports filed must follow a printed form which indicates the age and sex of the child, the nature of the injury, the identity and some characteristics of the child abuser and any other material that will provide a collection of facts upon which researchers can draw. Information detailing prior reports is obviously useful in deciding just how serious the situation is in a particular family. This also reduces the possibility of the parents moving from doctor to doctor and from hospital to hospital.

Once the Registry receives the report whether by phone, which must be followed by a written report, or by mail, they refer the person reporting the case to the proper agency, i.e., The Child Protective Association, the police, or they may be satisfied that the reporter is taking proper care of the situation himself (herself). The person reporting may be a pastor, a professional marriage, family and child counselor, etc. The report is sent to the law enforcement agencies of the county, any and all social agencies involved in family life and to all hospitals.

Records must be kept at least five years, according to the law. Agencies report their findings back to the Registry which in turn provides the information to all persons immediately concerned with this particular child abuse case...i.e., doctors, social workers to aid them in determining the final disposition of the case. For instance: A doctor may have reasonable doubt concerning the story the parents told about how an injury was sustained. By calling the Child Abuse Registry he can discover if another doctor, or hospital, has reported similar accidents to this child. In the very first month the office was opened in Orange County, 90 calls were received, 12% invalid.²

The second type of program the Department will fund is Child Abuse and Neglect Demonstration Resource Projects. The purpose of the projects will be to assist service providers with education and training, technical assistance and consultation, direct support and supervision as well as advice on licensing, regulatory or legal requirements and standards of program quality.

The intent of the demonstration program is to maintain the family unit. Where separation of the child(ren) from the family is essential, every effort is to be made to reunite the family and to provide supportive services

²Child Abuse Workshop, North Orange County Child Guidance Center, February 3, 1975.

necessary to enhance the family's ability to function as a unit.

Approximately 12 projects will be funded under this program. Initial funding for a six-month start-up period is anticipated at approximately \$50,000 per project. Annual funding for each of three consecutive years following is estimated at between \$150,000 and \$350,000 per project.

Proposals may be submitted by public or private non-profit agencies. The agencies must be either (a) medically related organizations or (b) social service agencies.

In spite of all the legislation, program-development and money allotted for this work, the general public is not yet aware of the seriousness or extent of the problem.

Chapter VII

THERAPY

Before a person is able to love another he must first be able to love himself. That is axiomatic.

A basic concept of the church: To love a God we cannot see, we must love ourselves whom we cannot completely understand so that we might be able to love our neighbors.

The trained pastoral counselor, possessing the tools of counseling, is able to help a person release the ability to love. Carl G. Jung says, "Learn your theories as well as you can but put them aside when you touch the miracle of the living soul. Not theories but your own creative individuality alone must decide."¹

It is a very natural thing for a person affiliated with a church to turn first to his pastor (religious leader) whatever the problem might be. For one thing, the pastor has the image of being the religious authority figure. Parents and those who abuse children tend to respond in a very positive manner to authority figures, according to Reiner and Kaufman.² Carl R. Rogers feels the following

¹Carl G. Jung, Religious Reflections (New York: Pantheon Books, 1953), p. 73.

²Cited by Serapio R. Zelba, "The Abused Child II: A Topology for Classification and Treatment," Social Work XIII: 1 (January, 1967).

qualities must be present in a good counselor, qualities which hopefully the religious leader by virtue of his vocation might well possess:

"Congruence (authenticity, inner openness, self-honesty, unconditional positive regard), warm caring and respect for persons, and empathetic understanding (entering into another's world of feelings and meanings)."³

If the religious leader is aware that there are battered children and abusive parents in practically every congregation in the country, he can assume they are in his and thus consider a program of adequate counseling. He should also be aware of the strict, "fundamentalist" attitude of many of these people toward religion.⁴

There are three types of abusive parents that the religious leader should not attempt to counsel. They are the a) psychotic, b) the pervasively angry and c) the depressive passive-aggressive. The extent of their personality difficulties lies far beyond the scope of the average clergyman (or woman). The three types amenable to pastoral counseling include a) the cold, compulsive, disciplinarian, b) the impulsive but generally adequate parent with marital

³Carl R. Rogers, On Becoming a Person (Boston: Houghton-Mifflin, 1961), pp. 263 ff.

⁴Ray E. Helfer and Henry C. Kempe, The Battered Child (Chicago: University of Chicago Press, 1968), p. 16.

conflict, c) the parent with an identity/role crisis. Recognition of the first three types and referral to professional or psychiatric counseling is the best service the pastor can offer.

A religious leader who has had clinical and academic training in counseling along with his background in theology, homiletics, etc., can become a great power in fostering good mental health. Dr. Clinebell says, "The mental health potentials which can be realized by increasing the availability of skilled pastoral counseling are immense."⁵

The clergyman-counselor must be aware of the use, and his particular use, of religion in the counseling process. Religion should not be used in an emotionally unhealthy manner which might prevent the client(s)' growth. No attempt should be made which would lessen the client(s)' responsibility, maturity or the true ability to love. Religion should not be offered as a panacea for all ills. To do so blocks the emotional as well as the spiritual growth. By his (her) very presence, the pastor-counselor immediately conveys a certain religious atmosphere; therefore the explicit use of religion is not absolutely necessary in a continuous manner. Good emotional health and good religious health go hand-in-hand.

⁵Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p 121.

It would be well to find out precisely what part religion does play in the life of the family and each individual. As mentioned before, abusive parents tend toward a "fundamentalist" outlook possibly internalized by "the battered child". This will be a major factor in the counseling program. Therefore the appropriate use of religion is very necessary. One of the most difficult tasks in therapy is helping the abusive parent re-establish their relationship with their own parents, particularly their mother. In this connection it would help if the pastor saw himself (herself) as a "prime mover", one who helps remove "blocks", those blocks that are cutting off the client(s) from loving themselves or others thus opening the road for interpersonal action between a loving God and a "self-abused" child.

The degree of emotional recovery will correspond to the degree of good religious health. God made the whole "sapiens homo". He is concerned about his (her) mental, physical, or spiritual health. The clergyman-counselor has the tools to make the person whole.

According to the Orange County Workshop on Child Abuse⁶, the majority of abusive parents are not suffering from any serious psychological difficulty that would indicate the need for hospitalization or psychiatric treatment

⁶Child Abuse Workshop, North Orange County Child Guidance Center, February 3, 1975.

even though they all show signs of emotional problems. When a relative amount of safety for the child can be assured, despite the internalizing of the behavior models to which they are exposed, a serious attempt should be made to keep the battered child in the home while therapy is in process. This is because of, or despite, the disturbed relationship with the abusive parent, the child may not be emotionally able to tolerate losing the only security he has ever known - home, parents, siblings. Also because of the abuse he has suffered he may well have developed certain behavior and emotional disorders (see "The Battered Child") which might make it difficult to place him (her) in a foster home. It probably would involve continuous movement from home to home which is trying on the agency and devastating on the child. Further, if one child is removed from the home it often happens that one of the other children becomes the target.

For example: Two young brothers, 10 and 13, members of a family beset with marital problems, money problems and too-many children problems (12) had been beaten severely several times as had other children in the family from time to time. They had been removed from the family home and placed in one foster home after another. Several times they had run away and several times they had been removed at the request of the foster parents. They had been caught

stealing, destroying property in the foster homes and they were now a problem in themselves. It was after they had been removed from the only security they had known that they had developed these non-social traits. Since the family was counseling and a reasonable amount of safety was assured for the boys, they were returned home and joined the rest of the family in the counseling program. There was a marked improvement in their attitude and they were much more cooperative with their social worker.

Conjoint Family Therapy has a basic orientation toward understanding and treating the family as a unit. Nathan Ackerman states: "The family is a basic unit of growth and experience, fulfillment and failure. It is also the basic unit of illness or health."⁷ The family should be regarded as a bodily unit. When one member has pain all the members feel the pain in a variety of ways and in varying degrees. A number of therapists including Don Jackson, Jay Haley, John Weakland, and Virginia Satir have been studying and working with families over the last several years. They have come to regard an individual member of a family, in the meaning of the behavior of the other members of the family, relating to the individual

⁷Nathan Ackerman, The Psychodynamics of Family Life (New York: Basic Books, 1958), p. 15.

and the interlocking relationships in the family that bring about the functioning or dysfunctional family. It would seem that some very knowledgeable people in the field of mental health endorse Conjoint Family Therapy for the abusive parent and the battered child.

J. E. Neighbor says that group treatment may be the method of choice for the abusive parent, the marital couple and even the entire family.⁸

The two main concepts of Conjoint Family Therapy are a) the Double-bind and b) Family Homeostasis.⁹

a) The double-bind concept is grounded in our concept of communication as the chief means of human interaction and influence. Different people use different signals that can be indicators of their interpersonal functioning or disfunctioning. In actual communication a single or simple exchange never occurs. Words have different denotations and connotations. A person's gestures, facial expressions, body posture, movement, tone of voice, etc.,

⁸J. E. Neighbor, "An Approach to the Selection of Patients for Group Therapy" in Max Rosenbaum & Milton Bergen (eds.) Group Psychotherapy and Group Function (New York; Basic Books, 1963), p. 123.

⁹Don D. Jackson and John H. Weakland, "Conjoint Family Therapy - Some Considerations on Therapy Technique and Results", Psychiatry, xxiv supplement (February, 1961), pp. 32-33.

communicates another set of ideas outside of the words used. Therefore there is a multiplicity of messages at different levels all at once. The double-bind concept refers to the pattern and sets of messages at different levels, closely related but sharply incongruent. This may be in regard to the meaning of the words, tone of voice or one person believing he has sent a message while not sending any at all, but behaving in relation to others as if he had. The disfunctional communicator leaves the other person guessing about his (her) message. If the receiver agrees, he is not sure what he is agreeing to. If he disagrees, he is still not sure just what he is disagreeing with. This gives a clue to the sender's personality: Insecure, unable to feel that he (she) can take responsibility for his (her) statements, actions, etc. If this pattern is allowed to go on for a certain period of time, the recipient will learn to participate by accepting incongruence without question. Thus the parent-child relationship is greatly influenced, providing an opportunity for child abuse.¹⁰ The case of Larry C and his parents offers a good example.

Larry, a shy, quiet boy of ten was taken to the school

¹⁰Virginia Satir, *Conjoint Family Therapy* (Palo Alto, California: Science and Behavior Books, 1967), p. 138.

nurse after his teacher had noticed several bruises on his body. He told the nurse his father had beat him with a two-by-four for not making his bed. The nurse called Child Protective Services and a social worker called on the family. She found the family of mother, father and five children to be fairly attractive. The house was spotless, the parents didn't drink, smoke or spend money on extravagant types of entertainment. In fact they were very religiously-oriented, having great respect for their minister and the teachings of the Bible, especially the admonition, "Spare the rod, spoil the child" which Larry's father took quite literally. The father explained the beating incident by saying that all the children knew they were expected to obey and do their chores. Larry seemed to be habitually disobedient and his refusal to make his bed had made his father so angry he had hit him with the only thing handy, the two-by-four. Since the father and mother seemed basically good people, the social worker suggested she turn their case over to their minister. The minister had known the family for a long time; in fact he had introduced mother to Dad, after the mother had come to him for counseling some time after the birth of her oldest child (an illegitimate). The parents (especially the mother) was so ridden with guilt for conceiving outside of wedlock she was determined her children would all be "good". The minister began his counseling by talking to Larry to try and get some

insight into his reasons for being habitually disobedient. Larry told a familiar tale of feeling "picked on", of his brothers and sisters getting better treatment, of being forced to go to Sunday School where he learned that people are supposed to love one another and of being punished by his parents because "they love you". The minister decided it was a family matter and invited the whole family in to air their feelings. In the exposure of feelings it came out that the children had been receiving an ambivalent set of messages from their parents...they were hearing one and sensing something else. Love, fear and punishment were all mixed in together. Larry, being bolder than the others, tested the system and earned a beating for his pains. All this came out in the counseling. The minister was able to set the record straight, help the parents fix guidelines for what was love, how religion and love of God and His love for man fit together, etc. As the conjoint family therapy progressed the entire family relaxed, learned to send and receive simple, straight messages and to have a healthier attitude toward religion.

b) Family homeostasis is the concept that the family operates as a unit. The family acts and reacts to maintain a certain balance in relationships. Counseling efforts to help one member may be blocked by the other members of the family to maintain this balance, acting both overtly and

covertly. The established balance has become their sign and feeling of security even though it may well be a dysfunctional family. The battered child becomes part of this balance and the other members will move in a variety of ways to maintain the family balance, at the expense of the abused child. Such was the case with the family of Mr. and Mrs.

Y:

There were three children in the very affluent family, Amy 12, Joan 5, and Frank 2. Amy was the problem that sent her family looking for answers. Amy was barely "average" in school and with parents who considered themselves "superior" this was intolerable. Amy had few friends whereas her parents were much in demand and constantly on the go either attending meetings, in analysis, etc. Amy was quiet to the point of being depressive. In the first meeting with the child psychologist, Mr. Y took over and proceeded to explain why he and Mrs. Y were concerned about Amy. It boiled down to the feeling that Amy didn't live up to the family expectations; that they were secretly ashamed of her poor showing at all levels and in their irritation "dumped" on Amy not only these feelings but many of their own denied feelings of insecurity. The other two children, although much younger than Amy, had already caught on to the family game which was "dump on Amy". Amy reacted by becoming quieter, withdrawn and unwilling to try

anything. In the therapy that followed the parents were helped to see themselves as individuals and to admit to their failing and unfulfilled goals. As they began to know themselves and each other better it no longer became necessary for Amy to excel to reflect her "superior" background and parents. Her parents began to set lesser goals for her and to praise her for whatever she achieved. This attitude of acceptance on her parents' part inspired Amy to feel better about herself and consequently her whole outlook changed. Her school work improved, she began to make friends and to look and act more self-confidently. Amy had not been an abused child -- just a "used" child and somewhat of a neglected child. When the family began to function as a unit, when there was a flow of good feeling between Amy and her parents, it was reflected in all her other contacts, especially those with her younger sister and brother.

The family is considered as essentially, mother, father and child. Being mindful of the personality traits of the abusive parent and the battered child, the counselor must use these facts as guidelines and points of reference. The presence of children or one child at any counseling session will depend mainly on the age of the child. Virginia Satir feels it is not productive to bring children

into family therapy if they are under four years of age. She does, however, like to see the entire family for at least two sessions regardless of their ages so she can observe first-hand how the family operates as a unit.¹¹

Other therapists tend to follow their feelings regarding the number of family members they will see in any session. Some may want to see the entire family; others will counsel various groupings of the family or often a single member. The counselor may feel that the abusive parent needs more of a one-to-one meeting to prevent previous feelings of low self-esteem or depression from returning.

In dealing with the abusive parent and the battered child the counselor should be aware that the family unit had been bound together in a mutually destructive manner (homeostasis) and that one of the primary symptoms, even though they are not aware of it, is their crippling entanglement of communications (the double bind). They are only aware that at the present time they are interacting in an unsatisfying manner. This style of living is so powerfully self-reinforcing that all the members of the family are threatened by the idea of breaking the family system. Even though their behavior seems varied and chaotic at

¹¹Ibid., p. 112.

times there is a pervasive and persistent behavior pattern which must be discerned by the counselor.

In counseling the abusive parent the first concern of the counselor is an awareness of his own feelings. Facing parent(s) who have hurt, abused, maimed or killed a small child causes most people to react with disbelief, horror, and a surge of anger towards the abuser. It helps a great deal if you are able to keep in mind this one fact: Not only has a child been hurt but the parent is a hurt "child" also.

In the first few sessions the attitude of the parents and the children, if they are included, will be one of belligerence or submissiveness, depending on their background. Naturally there will be a great difference in the attitude of those who come by court order and those who come voluntarily.

Cases that have been referred through the courts have certain characteristics. The basic hostility found in all child abuse cases is intensified and diversified even though there may be the appearance of compliance. The hostility is also directed at many more targets including not only the therapist but all the agencies that accounted for his being there. This hostility in the "sent" case is openly overt whereas in the "asked-for-help" cases, the hostility is covert.

This type is sending a double message: "I don't want your help. Please help me find out what is hurting me." The apparent compliance on the part of the court-ordered cases can be very misleading. The therapist may think he has completed a very successful case only to discover in a relatively short time that the old patterns have been re-established. The more openly hostile family sent by the courts are, in that sense, more honest and the therapist can see what he is actually dealing with.

In court-ordered cases, the general attitude is that help is being sought for the child(ren) not themselves. They concede that there have been "misunderstandings" in the past and they are now able to explain them to the therapist. One advantage the counselor has in these cases is the report sent to the therapist by the intake social worker. This report usually includes an evaluation of the neighborhood, family finances, ages and sex of other children in the family, etc. This is not only a time-saver but it eliminates the need for the clients to repeat it all a second and third time, a painful and embarrassing process which the clients are likely to "blame" the therapist for. In dealing with such cases, there are special problems for the counselor which call upon all his skill in inspiring confidence, his patience, his non-judgemental attitude, his empathy and his ability to separate the "facts" as the client relates them and what he knows to be the facts from the court records.

The first problem confronting the counselor is motivating his client(s) and getting them to see the value to them of working honestly with him (her). Since court-ordered clients are notorious for breaking appointments on the slightest pretext, the very first interview is most important. The more positive aspects the counselor can bring to the meeting the better, since the hostility level is already high and the anxiety quotient (fear of a jail sentence or heavy fine) has made openness or honesty almost impossible. The clients will go to any length to try to "con" the therapist into thinking they will change their ways immediately or to minimize the incident. Their attitude is often "Promise anything - just let us get out of here!"

At that first crucial meeting with court-ordered clients, it is well - almost imperative - for the counselor to "sell" himself. He (she) must come across as genuine, interested, capable, compassionate and caring. One aspect of the personality of the abusive parent is the feeling of not being able to have a real relationship with others, a fear that prevents them from giving of themselves. Abusive parents are people whose early life experiences have taught them that those to whom they look for help (their own parents) will attack them. Therefore to expect help (especially from this "stranger") is useless. Karl Menninger says, "Love is impaired less by the feeling that we are not appreciated

than by a dread, more or less felt by everyone, lest others see through our masks."¹² Unless the counselor feels genuine compassion in relating to the client(s), everything that follows will be potentially threatening. The motivation to continue counseling or to benefit from it at all must be found in communicating to the client(s) that the therapist understands, is not a potential enemy or an unpredictable phoney. The child abuser has experienced this feeling of betrayal so often in his (her) childhood they are now extremely wary and any hint of a judgemental attitude, disgust or disapproval on the part of the counselor would be counter-productive.

To communicate all these qualities as well as combat the negative feelings of the clients in the first meeting is a tall order. But it can be done. Since his clients are essentially suspicious, the first approach of the therapist must be one of calmness, acceptance, never probing for details, etc.

Take the case of Mr. and Mrs. "Y": The court had found them guilty of excessively punishing their 11-year old son and had ordered them to obtain counseling. The case was assigned to me. At the first meeting Mr. Y and his son had very little to say. Mrs. Y, the actual abuser,

¹²Karl Menninger, Love Against Hate (New York: Harvest Books, 1942), p. 272.

talked rapidly, nervously, and tried to explain that it was all a mistake. She was only trying to get her son to obey her. I listened "actively", allowing her to let out her feelings, giving as much appreciation as possible. She began to calm down and I was able to obtain a small amount of interaction from Mr. Y and his son. They, however, seemed content to substantiate what Mrs. Y had said. It was at this time that Mrs. Y asked if she might see me for a few minutes alone. As soon as the office door was shut she burst into a veritable flood of tears. Between sobs came out a story of a lifetime feeling of neglect, being unwanted. (she was the oldest of 12 children and an unconscionable amount of the physical upbringing of her brothers and sisters fell upon her). She had been abused physically and sexually by her father, and had married to get out of her own undesirable home situation. She had married a man several years her senior and felt that she had not found the love and understanding she needed. Mr. Y and their son spent so much time together, and their son was always obedient when his father was at home but never when he was away. Hurt, frustrated, angry at life for what she felt was her right as a woman, she was now a bitter woman. I remained empathetic and supportive all through the emotional outburst, letting her know that I was interested in her as a person and wanted to help. She seemed to reflect these feelings, and expressed the idea that this

was the first time that she had been able to get the "whole" story out, without the fear of being condemned or judged.

As a result of this separate interview the case now took upon it a two-fold aspect: that of child abuse, and a wife who felt abused. Since we had spent so much time in this private interview, the counseling hour was almost up. There was very little difficulty in setting up the next appointment, as Mr. Y and their son were willing to "do anything" to have a happy home. Later I talked to the father and son and was able to substantiate this statement. We had many weeks of very satisfying counseling thereafter, but I always had the feeling that this woman had a lot on her mind and simply had to get it off or explode. Finding a sympathetic listener in her counselor was the breakthrough necessary to conclude a court-ordered counseling pact. Had I been cool, disinterested, stand-offish, I think she would have frozen and the abuse cycle would have repeated itself at the next provocation.

Resistance to counseling, especially when it is forced, is the normal reaction in most cases. As Karl Menninger says, "To be understood means, of course, that some of our worst impulses as well as our best ones are recognized by our friends, who know all about us and like us anyway."¹³

¹³Ibid., p. 71.

It is a very natural feeling to be reluctant to verbalize or hear others discuss aspects of our lives which are upsetting, humiliating or make us anxious and ashamed. Abusive parents have these feelings but to a much greater extent. Added to the normal responses to exposure of the least desirable side of ourselves is the public awareness of these traits. The counselor moves with extreme caution, slowly, sensitive to the moment-to-moment change in the attitude of his (her) clients. As the clients sense this sensitivity to their feelings they are able to relax, open up and reveal their feelings honestly. For many, it is a "first" in their lives. This quality of "non-possessive warmth" exists hand-in-hand with empathetic understanding. And neither would be meaningful if it were not for the basic human encounter of being "real". Truax says, "To sense the client's bewilderment, anger, love and fear as if it were the therapist's own feeling is the critical perceptive aspect to empathetic understanding. To communicate this perception in language attuned to the client that allows him more clearly to sense and formulate his feelings is the essence of the communicative aspect of accurate empathy."¹⁴

¹⁴Charles Truax and Robert Carkhuff, Toward Effective Counseling and Psychotherapy (Chicago: Aldine, 1967), p.286.

In being empathetic the counselor "assumes" the role of the client(s) and in this role he (she) begins the process of self-exploration as if he (she) were the client(s). The counselor allows himself (herself) to acknowledge the feelings that he (she) has had at times toward children involved. In becoming aware of the "otherself" of the clients he (she) can help the client move slowly toward acknowledging these feelings and experiences. The clients gradually come to accept the counselor's feelings as "real" and they become less frightened and ashamed in opening up to him (her) and resistance to change is lessened.

Reaffirming questions regarding their feelings should be the extent of the questioning. Therapists differ in how they feel about taking a family history. Virginia Satir feels it is very important and likes to go into great detail as she feels it is an aid in the counseling program.¹⁵

Charles R. Fulweiler ordinarily does not take case histories.¹⁶ He feels that in a child abuse case any questioning in regards to family history might be interpreted as probing and should be avoided.

Many of these parents and children will have a difficult time expressing themselves on any level, let alone

¹⁵Virginia Satir, p. 115

¹⁶Jay Haley and Lynn Hoffman, Techniques of Family Therapy (New York: Basic Books, 1972), p. 7.

their feelings. To draw out a client, it often helps to introduce the entire family to water coloring, painting, crayon drawings, etc., on an on-going basis. This non-threatening procedure reveals much about an individual's emotional state and the progress of the group or individuals. It is very important for the therapist to show genuine interest in their feelings and drawings because these people are extremely sensitive to artificiality or insincerity.

Feed-back, reflection, interpretation and clarification are all means by which the counselor can help the client or the entire family to begin a healthy style of communication and break away from their double-bind system. As the counselor works closely with the family (or the individual), he will begin to feel accepted - not judged - by the family and/or the individual. This is very important in the counseling program and it is a very important point in the method of therapy. The counselor will soon find himself involved in the growth process in certain ego functions, i.e., setting limits on behavior, making realistic judgements, etc. As the counseling proceeds, the client(s) will begin to gain more trust and confidence in himself (herself) and others as they begin to reach the "caring" stage. It is at this time the counselor must realize that he is able to and should enter into confrontation. The client(s) as individuals or as a unit are now strong

enough for this. He will begin to confront them on their reality perceptions, where distortions have or could occur and the consequences of their choice or acts.¹⁷

As the abusive parent(s) begin to develop their "adult" role, the entire family will begin to be healthier and more functional, particularly the battered child. A new and happier relationship will begin to develop between husband and wife as they enter into an "adult-adult" (I'm OK, etc.) relationship.¹⁸

Once the abusive parent is able to gain an awareness of his "child" and "parent" roles, some very major progress in the ¹⁹ counseling program has been achieved. Awareness exercises are a valuable aid. Taking the abusive parent(s) individually or with the spouse proves beneficial. There is little, if any, threat in these exercises at this time due to the strength they have gained from the counseling program thus far.²⁰

The abusive parent(s) have been emotionally prepared through the counseling program to now face the great task of confronting the depressive nucleus of his (her) personality, his own "battered child".

¹⁷Don D. Jackson and John H. Weakland, pp. 32-33.

¹⁸Richard Harris, I'm OK - You're OK (New York: Harper & Row, 1967), pp. 28-36.

¹⁹Ibid., p. 71.

²⁰Ibid., pp. 24-27.

Hopefully he is now able to express his underlying feelings of fear and hurt instead of defending himself against depression and anxiety through hostility, flight and denial. In this manner the abusive parent will be able to come to the realization of the finality of the "child" loss and begin to incorporate the attitudes of the new "parent" role and the "adult" identity.

The homeostasis process will bring about a healthy, functioning family, keeping in mind the battered child who very well might need individual therapy after the close of family therapy. It was noted that many experts in this field feel that Conjoint Family Therapy is a must for the battered child and the interaction of the members of the family will, in most cases, do more for the child than individual therapy at this time.

The same picture, the abusive parent and the battered child can be viewed from another angle. Realizing the tendencies that have developed in the battered child (depression, hyperactivity, destructiveness, withdrawn, bed-wetting, truancy, fire-setting, etc.) some thought should be given to the much wider concerns than that of the individual child, such as his effect on other members of the family and the community at large. Whenever parents present their child(ren) with any of the symptoms mentioned to ask for counseling, even though there is no visible sign of child

abuse, it is well for the counselor to look into the entire family unit for causes for the abuse can be of such a subtle nature it might escape a casual analysis.

Chapter VIII

TERMINATION AND FURTHER HELPING RESOURCES

Terminating counseling can once more arouse the feelings of being deserted and rejected. It is a very important part of any counseling process but it especially is so in the case of the abusive parent and the battered child. Following termination there may be a mild, transient recurrence of the tendencies toward the abused child. The counselor should use this set-back to help the client realize just what his (her) feelings are and to help work them out. It also provides an actual experience the entire family can relate to. For instance:

- a) How aware are they of this feeling?
- b) How do they have to move to accept these feelings and deal with them on an open level?

This is an important part of the counseling program because it permits the family to face a real situation, one they will be facing in the future and test their ability to cope. Counseling should be tapered off and everyone given the feeling the counselor is available for a visit or call at any time in the future.

After the termination of formal counseling there are still problems. This family has suffered emotional stress, they are scarred and their emotional growth has been stunted. Through counseling they have to strengthen certain interpersonal relationships, obtain a better picture of their

self-image and to resolve some internal psychic conflicts. It must be admitted, however, that this family has certain weaknesses and although they are much more aware of them, they must also recognize a continuing need to use their latent resources both as individuals and as a family. In place of the formal counseling the family should seek an opportunity for continuing growth and a way of resolving the many problems that will occur in the future.

In general, an excellent resource for these people would be a growth group: "instruments for enlivening individuals and relationships. They are human potential groups, designed to help us discover and use more of our latent resources."¹

A growth group has three characteristics:

1. The dominant purpose is the personal growth of participants, emotionally, interpersonally, intellectually and spiritually.

2: The style of leadership is first by the designated leader and gradually by the entire group; the group itself becomes the instrument for growth.

3: The emphasis is more on the unused potential, the here and now effectiveness in living; future goals rather than on the past."²

The growth group most often recommended for abusive parents is Parents Anonymous, a national organization with chapters throughout the country. These chapters, or groups, meet on a weekly basis for a period of two hours. They

¹Howard J. Clinebell, Jr., The People Dynamic (New York: Harper & Row, 1972), p. 3.

²Ibid., p. 3.

discuss the members' personal difficulties and their daily problems of child care. The thrust of PA is growth in human development in three dimensions:

1: INREACH...growth in awareness, coming alive to one's self. The walls, hostility and abuse that the abusive parent shows are merely the extension of the walls, hostility and abuse that is in him (her). Being able to express these feelings in a non-judgemental atmosphere along with the feeling of identification allows him (her) to accept themselves.

2: OUTREACH...relating responsibility and responsiveness to others. THE ABUSIVE PARENT'S MAIN CONCERN WAS TO "GET" WITHOUT "GIVING". Fearful and too threatened to open themselves to the needs of others, they could only see their own needs. As they begin to identify in PA they realize they are having their own needs fulfilled all the more in proportion to their ability and willingness to be aware of and attempt to help others.

3: OUTREACH...a more realistic and truly trustful connection with the Power that is greater than the individual.³

According to Eric Berne, the definition of a group is ... "any social aggregation that has an external boundary and at least one internal boundary...". The external

³Ibid., p. 5.

boundary that distinguishes members of PA from non-members is the fact that these are parents who have been involved in any form of child abuse (physical, emotional, verbal, or sexual as well as physical or emotional neglect) as a way of life in their family.

Members come of their own free will, not as a result of being sent by the courts, a social agency, etc. Groups are limited to no less than six and no more than eight members. They select or elect a chairperson. This is one of the internal boundaries. The chairperson, when there is more than one it is usually a married couple, has assigned duties. These include calling the members to remind them of the meeting, arranging for transportation or baby-sitting where needed and the physical arrangements of the meeting room, refreshments, etc. The chairperson does not necessarily do all these things personally but he or she is responsible for them.

The second internal boundary is the sponsor. She (or he) has a passive and non-directive role in the group and it is usually through the sponsor that referrals are made for new members. The sponsor also arranges for the place of meetings. In this way the anonymity, which is very great in this organization, is safeguarded.

Financial support comes from individuals, outside groups and organizations. Individual members are not asked to contribute any money directly. Each group devises its

own system for taking care of the refreshments, etc.

There are no rituals or any other type of extra activity excepting, possibly, the introduction of the new member(s) by the chairperson and giving them a feeling of acceptance through some group action, i.e., a handshake, etc. There is no direct theological tone or direct reference to religion but it certainly can be felt in the climate of the meeting.

Members of PA admit to themselves that they have a problem and that it is not the child who is the cause of these uneasy feelings. They share the common goal of wanting to be better persons and parents. By the very fact of joining PA they enter into an implied contract, "I am here to work on my problem and I will support others in solving theirs."

The groups are open-ended and no time limit is set. Membership, therefore, depends on "openings" as each group is limited. There is rarely a very long waiting period as new groups are constantly being formed while others drop out from their own group. A part of the contract is to accept any new member any time there is an opening. The anonymity of the individual is preserved by resorting to first names only. No one is required to identify themselves further or to indicate their place in society.

The chairperson conducts the meeting in a loose, informal manner which contributes to the idea of relaxation, acceptance and a feeling of being open to others. Much depends on the personality of the chairperson, the sponsor and the manner of group acceptance. Group leadership, according to Eric Berne, is divided into three classes:

- a) Responsible. The front man who fills the role of leader in the group structure.
- b) Effective. The one who makes the actual decisions outside of group decisions.
- c) Psychological. The one with the most power.⁴

The abusive parent is one with a personal history of being abused as a child, either physically or emotionally. He (or she) is unable to communicate their feelings, their frustrations in a normal fashion and any stress situation is likely to provoke an attack on their own child. Such a person always has the feeling of being alone. In PA this is the first movement toward cohesion. They feel, "There are others like me and I am accepted as I am by others." In PA meetings they express themselves not ordinarily about their past but deal directly with the here and now. Many negative feelings are brought out. Since they feel secure they are able to work out their frustrations in the group. They also begin to help others which gives them a great feeling of self-worth. This cohesion extends outside the

⁴Eric Berne, The Structure and Dynamics of Organizations and Groups (New York: Harper & Row, 1963), p. 122.

meetings for any member of the group is able and willing to call or be called by any other group member when they feel a need for this type of support. A PA Hotline is also available for any group member when they are in need.

Although PA is virtually self-sustaining there is still room for the civic community and the churches in particular to help. A few of the areas open to aid from the pastor or religious leader are:

1: Offer a room in one of the church buildings for the meetings. If the offer is free, it would help immeasurably. Also the anonymity which is so important would be safeguarded. Considering the religious background of the majority of these people, they would feel much better in a church setting than any other place.

2: A skilled pastoral counselor could offer his services as a sponsor or co-sponsor for one of the groups. There is need for men to act as sponsors especially during the day.

The abused child as well as the other members of the family are also in need of further or continued support following the termination of the family counseling sessions. Living in the old home atmosphere they have suffered in varying degrees according to age, sex, abused or witness to abuse. The abused child has also developed undesirable social traits such as being destructive, withdrawn, hostile,

etc., and these traits must be eliminated if another child abuser is not to be fostered. In counseling the child gained some insights and new feelings of worth that should be put into action before they dry up. Growth groups made up exclusively of abused children would be ideal, if only someone would initiate them. Next in line as a resource for helping these young people are the youth growth groups now quite popular in many churches. With the pastor or religious leader (or someone designated by him) at the helm, knowing the abused child and his background he would be in a most advantageous position to guide the young person in the growth action.

In all youth groups it is the personality or skill of the facilitator which becomes most important. The facilitator should possess three qualities:

1: Empathetic understanding...being able to feel your way into another's situation. An abused child might be unable to openly express his feelings but just to be with a group that is supportive would help.

2: Non-possessive warmth...showing a personal concern while not allowing this to develop into dependency.

3: Genuineness...being real, honest, whole in word and deed.

If the facilitator possesses these qualities, it will inspire trust in the members of the group, a basic confidence that they can depend on what is said and their own

place in the group...a sense of belonging.

The total job of attempting to help mentally ill people is the responsibility of all the people, not ~~any~~ one institution, or government. It is the joint responsibility especially in cases of child abuse. To solve the problem there are two areas that offer the greatest opportunities for the greatest cooperation.

The first is the awareness of the problem and the extent and its consequences on the here and now world in which we live. Only those immediately connected with the problem seem to know of its scope and danger.

The second area lies in the tremendous potential of the organized churches to throw their spiritual and physical resources into helping solve or preventing the problem.

As Thoreau said, "Man's capacities have never been measured; nor are we to judge what he can do by any precedents, so little has been tried."⁵

⁵Henry Thoreau, Walden (New York: The American Library, 1950), p. 11.

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APPENDIX

APPENDIX

CALIFORNIA PILOT STUDY

David G. Gil, M.D., made one of the earliest studies of the incidence of Child Abuse and its related problems in California.

This pilot study was begun in 1966 and is presented in the book, "The Battered Child", edited by Helfer and Kempe in 1968 and published by the University of Chicago Press, Chicago and New York. The results are on pp 215 - 225.

Only those items that pertain to this paper will be included as many of the statistics pertain to the pathological aspects of child abuse.

1. Sex of Victim		6. Legal Status	
Female	55%	Legitimate birth	75.7%
Male	45%	Born out of wed- lock not legi- timatized	7.1%
2. Age of Victim		Legitimized	2.9%
Under 1	11.4%	Born out of wed- lock not by mother's husband	0.7%
1 to 2	5.0%	Unknown	13.6%
2 to 3	11.4%	7. Whereabouts of Biological Father	
3 to 4	12.1%	In victim's home	50.7%
4 to 6	9.3%	Not in home, whereabouts unknown	22.1%
6 to 9	10.0%	Not in home, whereabouts known	15.0%
9 to 12	15.7%	Deceased	3.6%
12 to 15	15.0%	Unknown	8.6%
15 to 17	9.3%	8. Whereabouts of Biological Mother	
17 to 18	0.7%	In victim's home	88.6%
3. Ethnic Background		Not in home, whereabouts known	5.0%
White	66.4%	Deceased	2.1%
Black	15.7%	9. General Physical Condition of the Victim - Before Abuse	
Mexican	13.6%	Normal	83.6%
Indian	0.7%	Deviations from the normal	5.0%
Other	2.9%	Unknown	11.4%
Unknown	0.7%		
4. Religious Background			
Christian	42.1%		
Roman Cath.	33.6%		
Other	0.7%		
None	23.6%		
5. De Facto Custody			
Both parents	42.9%		
Mother and Stepfather	26.4%		
Mother only	19.3%		
Father and Stepmother	5.0%		
Father only	1.4%		
Unknown	3.6%		

10. Composition of
Victim's Household

Male & Female	
headed	77.9%
Female headed	20.0%
Male headed	2.1%

11. Age of Household Heads

	Male	Female
Under 20	0.89%	8.03%
20 to 25	19.64%	24.82%
25 to 30	16.07%	18.25%
30 to 40	36.61%	35.77%
40 to 50	14.29%	4.38%
50 to 60	6.25%	0.73%
Unknown	6.25%	8.73%

12. Education of Household
Heads

	Male	Female
6 to 11 grades	22.32%	31.39%
High School		
graduate	27.68%	37.96%
High School & Vocational		
School	9.82%	0.73%
Some college	2.68%	2.54%
College graduate	0.89%	0.75%
Unknown	36.61%	22.99%

13. Customary Employment

	Male	Female
Professional	0.89%	
Managerial	0.39%	
Clerical	2.68%	7.30%
Sales	3.57%	2.29%
Craftsman	21.43%	
Operative	27.68%	2.19%
Household		2.92%
Service	8.04%	10.06%
Home only		52.55%
Farm	0.89%	
Laborer	8.04%	

14. Criminal Record

	Male	Female
None	46.43%	74.45%
Yes	40.18%	5.84%
Unknown	13.39%	19.71%

15. Number of Children

Victim only child	23.6%
Victim not only child	64.2%

16. Stability of Income

Stable	55.7%
Unstable	10.7%
Unknown	33.6%

17. Income Maintenance from Public Welfare

None	66.9%
AFDC	6.5%
Other	2.1%
Unknown	24.5%

18. Employment of Household Heads Throughout Entire Year

	Male	Female
Throughout year	50.00%	8.03%
Part of year	13.39%	13.14%
Not interested in work out of home		55.55%
Unknown	36.61%	26.28%

19. Type of Housing

Public housing apartment	4.3%
Rented apartment	25.0%
Rented house	29.3%
Own house, mortgaged	12.9%
Own house, paid off	0.7%
Other	4.3%
Unknown	23.6%

20. Quality of Neighborhood

Sub-standard	4.3%
Standard	66.7%
Above standard	0.7%
Unknown	28.3%

21. Perpetrator's Sex

Male	60.0%
Female	39.3%
Unknown	0.7%